

* * * Communication Result Report (Apr. 15. 2025 3:54PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Apr. 15. 2025 3:52PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0262 Memory TX	918448708875	P. 3	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

P.O. Box 244023
 Montgomery, AL 36124
 Phone: 334-244-3281
 Fax: 344-244-3396



**AUBURN UNIVERSITY
 AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: _____

To: WUO gamed

From: _____

Fax: 844-870-8875

Pages: _____

Phone: _____

Date: _____

Re: ORDER

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

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Montgomery, AL 36124
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**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: _____

To: WLU guard From: _____

Fax: 844-870-8875 Pages: _____

Phone: _____ Date: _____

Re: order _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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**COLOGUARD® ORDER
REQUISITION FORM**

Stool-based DNA test with hemoglobin immunoassay component

EXACT SCIENCES LABORATORIES, LLC
145 E Badger Rd, Ste 100, Madison, WI 53713
p: 844-870-8870 | ExactLabs.com
NPI: 1629407069 TIN: 463095174

Provider & Order Information Recommended: type all Provider information. Editable, printable PDF available at exactlabs.com

PROVIDER INFORMATION

Healthcare Organization Name: Auburn University Montgomery
Provider Name: Lindsey Barton, CRNP
NPI #:

1	2	1	5	2	8	5	8	7	9
---	---	---	---	---	---	---	---	---	---

Location Address: 7461 East Drive
City, State, Zip: Montgomery, AL 36117
Phone Number: (334) 244-3281
Secure Fax Number*: (334) 244-3396
*To receive results for this order, please provide secure FAX number only

ORDER INFORMATION

This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test.

ICD-10 Code:

☒ Z12.11 and Z12.12 (Encounter for screening for malignant neoplasm of colon [Z12.11] and rectum [Z12.12])

☐ Other(s) _____

Certification

I am a licensed healthcare provider authorized to order Cologuard. This test is medically necessary and the patient is eligible to use Cologuard. I will maintain the privacy of test results and related information as required by HIPAA. I authorize Exact Sciences Laboratories to obtain reimbursement for Cologuard and to directly contact and collect additional samples from the patient as appropriate.

Lindsey Barton, CRNP
Ordering Provider Signature

4/15/25
Date of Order

Patient Demographics Attach a copy of the front & back of primary and/or secondary insurance cards.

Patient ID/MRN: 27
First Name: Jennifer
Last Name: Puryear
DOB (mm/dd/yyyy):

0	9
---	---

 /

1	3
---	---

 /

1	9	7	4
---	---	---	---

Sex: ☐ Male ☒ Female
Email: jpuryear@aum.edu

Phone Number (required): (706) 633-6257
☐ Home ☒ Mobile ☐ Work

☐ By checking this box, I confirm that Patient has consented to receive calls or text messages from Exact Sciences Laboratories concerning general CRC screening updates, reminders to screen again for CRC, and other healthcare and general account information.

NOTE: If this box is **not checked**, Exact Sciences Laboratories **will still** be able to provide reminders / notifications to Patient via phone call or text message about their current Cologuard order or test results. If Patient wishes to receive no communications, they may contact 1-844-870-8870 to update their preferences.

Language Preference:

☒ English ☐ Spanish ☐ Other

Shipping Address: 1238 McInnis Dr
PO Box / Apt #: _____
City, State, Zip: Prattville, AL 36066

Billing Address: _____
☒ Same as Shipping
City, State, Zip: _____

PATIENT ETHNICITY AND RACE The completion of this section is optional.

Is your patient of Hispanic or Latino origin or descent? ☐ Yes ☒ No

Please mark one or more to indicate your patient's race:

☒ White ☐ Black or African-American ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native

Patient Insurance/Billing Information

Only completion of "Policyholder Name" and "Policyholder DOB" is necessary when attaching a copy of the front & back of primary and/or secondary insurance cards.

Does patient wish Exact Sciences to bill their insurance? ☒ Yes (complete below) ☐ No (patient will self-pay)

Policyholder Name: Jennifer Puryear Policyholder DOB (mm/dd/yyyy):

0	9
---	---

 /

1	3
---	---

 /

1	9	7	4
---	---	---	---

Relationship to patient: ☒ Self ☐ Spouse ☐ Other

Primary Insurance Carrier: _____ Type: ☐ Private ☐ Medicare ☐ Medicare Advantage ☐ Medicaid ☐ Tricare

Claims Submission Address: _____

Subscriber ID/Policy Number: _____ Group Number: _____ Plan: _____

Prior-Authorization Code (if available): _____

PATIENT AUTHORIZATIONS, ASSIGNMENT OF BENEFITS (AOB) & FINANCIAL RESPONSIBILITIES Signature not required for order to be processed

I authorize Exact Sciences Laboratories (Exact) to bill my insurance/health plan and furnish them with my Cologuard order information, test results, or other information requested for reimbursement. I assign all rights and benefits under my insurance plans to Exact and authorize Exact to appeal and contest any reimbursement denial, including in any administrative or civil proceedings necessary to pursue reimbursement. I authorize all reimbursements to be paid directly to the laboratory in consideration for services performed. I understand that I am responsible for any amount not paid, including amounts for non-covered services or services determined by my plan to be provided by an out-of-network provider. I further understand that if I am a Medicaid enrollee in a state where Exact is enrolled as a Medicaid provider, Exact will accept as payment in full the amounts paid by the Medicaid program, plus any deductible, coinsurance or copayment which may be required by the Medicaid program to be paid by me.

Patient Signature: _____ Date: _____

Fax completed form to 844-870-8875

For Lab Use Only

Sample Collected: / / Sample Received: / /

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
334-244-3281

Patient Demographics

Name: PURYEAR, JENNIFER
Address: 1238 MCLAIN DR
PRATTVILLE, AL 36066
Pri Phy:

Chart No.: 27
DOB: 09/13/1974
SSN:
Gender: FEMALE

Contact Information

Home Phone:
Mobile Phone: 706-633-6257
Mobile Phone 2:
Personal Email: jpuryear@aum.edu
Work Email:

Work Phone:
Other Phone:

Primary Insurance Information

Insurance Company: BCBS
Address: 450 RIVERCHASE PKWY EAST
BIRMINGHAM, AL 35244

Group No.: 37655
Policy No.: QAU809067914
Phone: Invalid Phone