



Licensed for Clinical Revolution and Trusted by Leading Institutions

31 Light Street, Baltimore, MD 21202

Tel: 667-312-2924 | Email: [info@healthieone.com](mailto:info@healthieone.com)

Website: <https://healthieone.com/>

NPI: 1649162587 | CLIA: [21D2287503](#) | CAP: [9662090](#)

## HEALTHIEONE TEST AUTHORIZATION

### PROVIDER INFORMATION

**Provider NPI:**

**Provider Name:**

**Practice/Clinic Name:**

**Address:**

**Phone:**

**Email:**

**License Number:**

**License State:**

### PATIENT INFORMATION

**Patient Name:**

**Date of Birth:**

**Sex Assigned at Birth:** ☐ Male ☐ Female

**Address:**

**Phone:**

**Email:**

### BILLING INFORMATION

**Billing Type (Select One):**

☐ Insurance ☐ Medicare

### TEST SELECTION

☐ HealthieOne Complete (*Comprehensive Annual Health Test*)

☐ HealthieOne Follow-up (*Retest abnormal markers*)

Gigantest, Inc. | 31 Light Street, Baltimore, MD 21202 | Tel: 667-312-2924

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- ☐ HealthieOne Disease Specific | Specify: \_\_\_\_\_
- ☐ HealthieOne Advanced Glucose (*Specialty testing for athletes*)
- ☐ HealthieOne Advanced Cholesterol (*Specialty testing for athletes*)
- ☐ HealthieOne Advanced Protein (*Specialty testing for athletes*)

## ICD-10 DIAGNOSIS CODES

***Required for Insurance/Medicare Billing:***

## PROVIDER SIGNATURE AND AUTHORIZATION

### **Electronic Signature Authorization:**

*I hereby authorize Gigantest, Inc. to use the signature provided below as my authentic signature for all test orders I submit. I acknowledge that this signature is required for submitting claims to insurance providers and Medicare. This authorization will remain in full force and effect until I revoke it through written notice.*

**Date:**

**Healthcare Practitioner's Signature:**

**Questions?** [info@healthieone.com](mailto:info@healthieone.com) or [Live Chat](#) for instant assistance.

We are available 7 days a week from 9:00 AM to 11:30 PM EST.