

Environmental Lead Investigation (ELI) Request

Please complete all sections

Member Information			
Name			DOB
Address			Member #
Phone			Family Contact
Provider Office Requesting ELI			
Provider Name			NPI
Trovider Name			
Address			Phone #
City, State, Zip			Fax # (REQUIRED)
City, State, Zip			rax # (KLQUIKLD)
Contact Person			
ELI Service Provider			
Name			PROMISe ID
Address			Phone #
City, State, Zip			Fax # (REQUIRED)
Specialty			
Check (✓) Applicable Diagnosis			
	T56.0X1 D	Toxic effect of lead and its compounds, accidental (unintentional),	
		subsequent encounter	
	T56.0x4A	Toxic effect of lead and its compounds, undetermined, initial encounter	
	R78.71	Abnormal lead level in blood	
	Z77.011	Contact with and (suspected) exposure to lead	
Check (✓) Applicable Procedure (CPT/HCPS Codes and descriptions required)			
	T1029 Comprehensive environmental lead investigation, not including laboratory analysis		

Please fax this completed form to **1-877-363-8120**. If you have any questions just call Provider Relations at **1-866-638-1232**.

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