

▼ PHYSICIAN INFORMATION ▼

Physician / Group Name
Address
City, State, Zip
Phone No. / Fax No.
UPIN #

Blank space for additional information.

Patient Information

Last Name _____ First Name _____ MI _____
Social Security No. _____ Birth Date _____ Sex M F
Phone No. _____ Chart No. _____ Room No. _____ Marital Status M S D X

Billing Information (or attach face sheet)

Please attach a copy of all Insurance I.D. Cards - Front and Back
Bill to: Physician/Client Insurance Medicare Patient Medicaid
Medicare Number _____ Medicaid Number _____
Medicare Secondary Questionnaire Completed? YES NO Insurance Authorization Number _____

Responsible Party Information

Last Name (If not the patient) _____ First Name (If not the patient) _____
Social Security No. (If not the patient) _____ Patient's Relationship to Responsible Party
 Self Child Spouse Other
Street Address _____ Phone No. (If not the patient) _____
City _____ State _____ Zip _____
Employer Name _____ Employer Phone No. _____
Employer Address _____ Date Retired _____

Primary Insurance
Primary Insurance Company Name _____ Phone No. _____
Company Address _____
City _____ State _____ Zip _____
Policy Number _____ Group Number _____
Group Name _____ Benefit Code _____
Insured Name _____ Relationship _____
Secondary Insurance
Secondary Insurance Company Name _____ Phone No. _____
Company Address _____
City _____ State _____ Zip _____
Policy Number _____ Group Number _____
Group Name _____ Benefit Code _____
Insured Name _____ Relationship _____

Medical Necessity Information

Sign, symptom, diagnosis or ICD9-CM Info, is required on all tests ordered.

Narrative Diagnosis

ICD9-CM Codes

1. _____
2. _____
3. _____
4. _____

Specimen Information

STAT Phone () _____ OR Do not call after hours
 Fax () _____
Date Drawn _____ Time Drawn _____ A.M. Fasting P.M. Random 24 Hour Urine Volume _____ Collected by _____

CPT	Tests or Panels	ICD9-CM	CPT	Tests or Panels	ICD9-CM	CPT	Single Tests (Con't.)	ICD9-CM	CPT	Single Tests (Con't.)	ICD9-CM	CPT	Single Tests (Con't.)	ICD9-CM
80051	Electrolytes Panel		80069	Renal Function Panel		82150	Amylase		83615	LD (LDH)				
84295	Sodium		80048	Basic Metabolic Panel		86038	Antinuclear Antibody		83655	Lead				
84132	Potassium		82040	Albumin		86850	Antibody Screen		83002	LH Luteinizing Hormone				
82435	Chloride		84100	Phosphorus		82607	B-12 Vitamin		80178	Lithium*				
82374	Carbon Dioxide		80061	Lipid Profile		86141	CRP		83735	Magnesium				
80048	Basic Metabolic Panel		82465	Cholesterol		80156	Carbamazepine/Teqretol*		86308	Mono				
80051	Na, K, CL, CO ₂		84478	Triglycerides		85027	CBC / plt		80184	Phenobarbital*				
84520	BUN		83718	HDL Cholesterol		85007	Manual Diff		80185	Phenytoin / Dilantin*				
82310	Calcium		80074	Acute Hepatitis Panel		85008	Blood Morph Smear		85049	Platelet Count				
82565	Creatinine		86709	Hepatitis A Antibody IGM		85025	CBC / plt / auto diff		84703	Pregnancy Qual <input type="checkbox"/> Urine <input type="checkbox"/> Serum				
82947	Glucose		86705	Hepatitis B Core Antibody IGM		82378	CEA		84702	Beta HCG Quant		87899	Beta Strep Screen (throat)	
80053	Comprehensive Metabolic Panel		87340	Hepatitis B Surface Antigen		82550	CK (CPK)		84146	Prolactin		87899	Beta Strep Screen (vag)	
80048	Basic Metabolic Panel		86803	Hepatitis C Antibody		82575	Creatinine Clearance		84153	PSA				
82040	Albumin					80162	Diagnosis		84145	PSA Free				
84075	Alkaline Phos.					85379	D-Dimer		G0103	PSA Screen				
82247	Bilirubin, Total					82670	Estradiol		85610	PT with INR		87040	Culture Blood	
84450	SGOT / AST					82728	Ferritin		85730	PTT		87110	Culture Chlamydia	
84460	SGPT / ALT					82746	Folate			Is pt. taking Coumadin? <input type="checkbox"/> YES <input type="checkbox"/> NO* Is pt. taking Heparin? <input type="checkbox"/> YES <input type="checkbox"/> NO*				
84155	Total Protein					83001	FSH					87081	Culture Fungus	
80076	Hepatic Function (Liver) Panel					82977	Gamma GT		86592	RPR		87252	Culture GC Screen	
82040	Albumin					83036	Hgb A1C (Glycohem)		84481	T ₃ Free		87045	Culture Herpes	
82247	Bilirubin, Total					85014	Hematocrit		84479	T ₃ Uptake		87070	Culture Stool	
82248	Bilirubin, Direct					85018	Hemoglobin		84439	T ₄ Free				
84450	AST / SGOT					86701	HIV 1 Ab		84436	T ₄ Total				
84460	ALT / SGPT					83540	Iron		84403	Testosterone Total				
84075	Alkaline Phos.					83550	Iron Binding (TIBC)		80198	Theophylline*				
84155	Total Protein								84443	TSH				
									81001	Urinalysis w/Micro, auto				
									81003	Urinalysis no Micro, auto				
										<input type="checkbox"/> Clean catch <input type="checkbox"/> Cath <input type="checkbox"/> Aspirate				

Other Tests _____ Date/Time _____ Physician Authorization _____
Ordering Physician (Print Name) _____
Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted or payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.



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PATIENT IDENTIFICATION

LABORATORY REQUISITION



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