



**OUTPATIENT/SPECIMEN LABORATORY
ORDER FORM - A**

- Bill Patient or Insurance
- Bill Client Account
- Bill Medicare

PHYSICIAN OFFICE: Call Centralized Scheduling (217) 757-6565 or send signed form with patient or FAX to (217) 757-6874. To contact the lab call (217) 544-6464, ext. 44185 or FAX to (217) 535-3775.

HHS

PLEASE PRINT

Shaded tests may require ABN signed by Medicare patients.

Tech. Code: _____

Patient last name		First name		Middle initial	
Date of birth	Sex	Employer			
Medical record number	Social Security #	Collection date	Collection time		
Telephone (home)	Physician	Consulting physician			
Patient address		City	State	Zip	
Guarantor name	Address	City	State	Zip	
Carrier	Carrier address	City	State	Zip	
Name of insured	Policy number	Group number			
Medicare number	Medicaid number	Year of retirement			

Test Description	CPT Code	ICD10 Diagnosis	Test Description	CPT Code	ICD10 Diagnosis
Pre-Eclampsia Tests			Hematology/Coagulation Tests		
<input type="checkbox"/> ALT (SGPT)	84460	_____	* <input type="checkbox"/> CBC with differential	85025	_____
<input type="checkbox"/> AST (SGOT)	84450	_____	<input type="checkbox"/> CBC without differential	85024	_____
* <input type="checkbox"/> LDH	83615	_____	<input type="checkbox"/> H & H	85014 & 85018	_____
<input type="checkbox"/> Uric Acid	84550	_____	<input type="checkbox"/> Platelet count	85046	_____
<input type="checkbox"/> Bilirubin (Total)	82247	_____	<input type="checkbox"/> Reticulocyte count	84652	_____
<input type="checkbox"/> Bilirubin (Direct)	82248	_____	<input type="checkbox"/> Westergren Sedrate	85651	_____
<input type="checkbox"/> BUN	84520	_____	<input type="checkbox"/> PT	85610	_____
<input type="checkbox"/> Creatinine	82565	_____	<input type="checkbox"/> PTT	85730	_____
<input type="checkbox"/> Glucose	82947	_____	 		
24 HOUR URINE TESTS			Obstetrics Panel		
Patient Height _____ Patient Weight _____			* <input type="checkbox"/> CBC with differential	85025	_____
Total Volume _____ mls Duration _____			* <input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg)	87340	_____
<input type="checkbox"/> Creatinine	82570	_____	<input type="checkbox"/> Rubella IgG	86762	_____
<input type="checkbox"/> Creatinine Clearance	82575	_____	* <input type="checkbox"/> Syphilis Test. Qual (RPR)	86592	_____
<input type="checkbox"/> Calcium	82340	_____	* <input type="checkbox"/> Antibody Screen RBC	86850	_____
<input type="checkbox"/> Catecholamines (Fractionated)	82384	_____	<input type="checkbox"/> Blood Typing ABO	86900	_____
<input type="checkbox"/> Citrate	82507	_____	<input type="checkbox"/> Blood Typing Rh	86901	_____
<input type="checkbox"/> Metanephrines	83835	_____	* <input type="checkbox"/> Monoscreen	86308	_____
<input type="checkbox"/> Protein (Quantitative)	84155	_____	* <input type="checkbox"/> RPR	86592	_____
<input type="checkbox"/> Uric Acid	84560	_____	<input type="checkbox"/> HIV	86703	_____
<input type="checkbox"/> VMA	84585	_____	 		
<input type="checkbox"/> Other _____			Arthritis Tests		
<input type="checkbox"/> Glucose (serum)	82947	_____	<input type="checkbox"/> Uric acid blood	84550	_____
<input type="checkbox"/> Glucose Tolerance _____ hours			* <input type="checkbox"/> Sedimentation rate, erythrocyte	85652	_____
<input type="checkbox"/> HCG Quant. - Serum	84703	_____	<input type="checkbox"/> ANA	86038	_____
<input type="checkbox"/> HCG Qual. - Serum	84702	_____	<input type="checkbox"/> Rheumatoid factor, quantitative	86431	_____
<input type="checkbox"/> HCG Qual. - Urine	84703	_____	 		
<input type="checkbox"/> RBC Folate	82703	_____	Iron Tests		
<input type="checkbox"/> Serum Folate	82746	_____	<input type="checkbox"/> Iron	83540	_____
<input type="checkbox"/> B12	82607	_____	<input type="checkbox"/> Iron Binding Capacity	83550	_____
<input type="checkbox"/> Urinalysis	81001	_____	<input type="checkbox"/> Ferritin	82728	_____

* Denotes tests which may reflex to additional tests. Refer to Laboratory Protocol Order Document.

When ordering laboratory testing for which Medicare reimbursement will be sought, physicians (or other authorized individuals) should order only those tests that are considered medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. Any physician who orders a test which may be determined to be medically unnecessary by the government may be subject to civil penalties as determined by that government agency. Appropriate ICD-9 diagnosis coding must be provided to document the necessity of laboratory testing requested.

Dx/symptom ICD10-CM Code 1 _____ 2 _____ 3 _____ 4 _____
 Call results YES NO Date/Time: _____ M.D.

PHYSICIAN SIGNATURE REQUIRED

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OEYOUTPT