



DATE OF SERVICE TIME FASTING PHONE ACCOUNT:
LAST NAME FIRST NAME
ADDRESS: STREET CITY/STATE ZIP
AGE SEX DATE OF BIRTH COLLECTED BY REFERRING PHYSICIAN NPI

BILLING INFORMATION MUST BE COMPLETED

BILL TO: AGENCY MEDICARE PRIVATE INSURANCE
MEDICAID PRIVATE PAY OTHER
PRIVATE INSURANCE INFORMATION:
S.S. No.
ID #
GROUP #
ICD 10/DIAGNOSIS

PROFILES

GENERAL HEALTH PROFILE: T, L, U
HEPATITIS (DIAGNOSTIC PANEL): T
ABDOMINAL DISEASE PROFILE: T, L, U
CARDIAC/HYPERTENSION PROFILE: T, L, U
ANEMIA PROFILE: T, L, U
OBESITY PROFILE: T, L, U
LIVER/ALCOHOLISM PROFILE: T, L, U, B
KIDNEY/UTI: T, L, U, B
ARTHRITIS PROFILE: T, L, U
DIABETES PROFILE: T, L, U
AMENORRHEA PROFILE, MENSTRUAL DISORDER: T, L, U
PRE-NATAL PROFILE: T, L, U, GP

Remarks:

PANELS INDIVIDUAL TESTS (ALPHABETICAL) MICROBIOLOGY
BASIC METABOLIC PANEL T
COMPLETE METABOLIC PANEL T
ELECTROLYTE PANEL T
LIPID PANEL T
LIVER FUNCTION PANEL T
RENAL PANEL T
THYROID PROFILE T
CARDIAC MARKERS T, L
HEMATOLOGY
CBC W DIFF L
CBC W/O DIFF L
ESR L
HEMOGLOBIN L
HEMATOCRIT L
PLATELET COUNT L
WBC COUNT W/ DIFF L
RETICULOCYTE COUNT L
PT W/ INR B
PTT ACTIVATED B
ALK PHOSPHATASE T
AMYLASE T
ALBUMIN T
ANA T
ALT (SGPT) T
AST (SGOT) T
BUN T
BNP L
BILIRUBIN T
B12 & FOLATE T
CALCIUM T
CARBAMAZEPINE/TEGRETOL R
CEA T
CHOLESTEROL, TOTAL T
CPK, TOTAL T
CPK T
CREATININE T
CRP CARDIAC SENSITIVE T
DIGOXIN R
ESTRADIOL T
FERRITIN T
FSH & LH T
GGTP T
GLUCOSE G
HGB A1C L
GENTAMICIN T
HCG, SERUM T
HEPATITIS A, IG, M T
HEPATITIS BS AB T
HEPATITIS BS AG T
HEPATITIS C AB T
HIV 1 / HIV 2 T
H PYLORI IG AB T
IRON T
IRON BINDING CAPACITY (TIBC) T
LIPASE T
LITHIUM T
MICROALBUMIN U
MAGNESIUM T
PHENTOIN (DILANTIN) R
POTASIUM T
PROTEIN, TOTAL T
PSA T
PROLACTIN T
PROGESTERONE T
RHEUMATOID FACTOR T
RPR T
RUBELLA IGG AB T
SODIUM S
TESTOSTERONE T
TOTAL T4 T
TSH T
T3 T
TRIGLYCERIDE T
URIC ACID T
URINALYSIS U
VANCOMYCIN U
VALPROIC ACID (DEPAKOTE) T
VITAMIN D25 HYDROXY T
CULTURE & SENSITIVITY, URINE
CULTURE, STOOL
CULTURE, WOUND
CULTURE, SPUTUM
CULTURE, THROAT CULTURE, Gr
A STREP Gr B STREP
ESBL SCREENING
CULTURE, MRSA
CULTURE, VRA
CULTURE, ANAEROBIC
C DIFF
OCCULT BLOOD, STOOL FECAL
WBC
GC/CHLAMYDIA
OVA & PARASITES
BLOOD CULTURE

KEY: S - SERUM B - BLUE L - LAVENDER R - RED Y - YELLOW U - URINE G - GRAY R - PLAIN RED T - TIGER TOP

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) ADDITIONAL TESTS DOCTOR OR RN SIGNATURE
I authorize the release of medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be used in place of the original. I understand that medicare is likely to deny payment for certain procedures.
I agree to be personally responsible for payment of laboratory services if Medicare does not provide payment.
Patient's Signature:
SIGNATURE