

BILLING INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL) _____ DATE OF BIRTH _____ SEX M F *PLEASE ATTACH A COPY OF PATIENT ID*

PATIENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

BILL TO FACILITY PATIENT INSURANCE MEDICAID MEDICARE ** ATTACH ABN FORM *INCLUDE ALPHA CHARACTERS*

PRIMARY INSURANCE NAME _____ *ATTACH COPY OF BOTH SIDES OF CARD* SECONDARY INSURANCE NAME _____ *ATTACH COPY OF BOTH SIDES OF CARD*

INSURED NAME _____ RELATIONSHIP SELF SPOUSE CHILD OTHER INSURED NAME _____ RELATIONSHIP SELF SPOUSE CHILD OTHER

MEMBER ID/GROUP _____ MEMBER ID/GROUP _____

INSURED ADDRESS _____ INSURED ADDRESS _____

DATE COLLECTED _____ TIME COLLECTED AM PM COLLECTED BY _____ *WRITE PATIENT'S NAME ON ALL SPECIMENS*

PROVIDER NAME _____

PROVIDER SIGNATURE _____

PROFILES

CONTAINERS: **B-LT BLUE** **L-LAVENDER** **Y-YELLOW TOP/SST** **U-URINE** **SW-CULTURE SWAB** **PAP-THINPREP VIAL** **Q-QUANTIFERON-TB GOLD KIT**
 THESE PROFILES ARE MADE FOR PROVIDER CONVENIENCE, BUT PROVIDER CAN ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES

- PREVENTIVE CARE:** 023 - CHILD (Y,L,U,Q) 024 - FEMALE (Y,L,U,SW,PAP) 025 - MALE (Y,L,U)
- 001 **HYPERTENSION + CARDIAC** - CBC, CMP, CORT, CPK, FERR, LIPID PROFILE, MAP, MG, PTH, RET, T3U, T4, TIBCP, TSH, U/A Y,L,U
- 002 **THYROID + OBESITY** - CBC, CMP, CORT, CPK, LIPID PROFILE, RET, T3U, T4, TSH, U/A, VITADH Y,L,U
- 006 **DIABETES** - CBC, CMP, CORT, GLY, LIPID PROFILE, RET, T3U, T4, TSH, U/A Y,L,U
- 007 **ARTHRITIS** - ASO, CBC, CMP, CRP, ESR, LIPID PROFILE, ANAPRO, RA, RET, U/A, URIC ACID Y,L,U
- 008 **ANEMIA** - CBC, CMP, FERR, G6PD, HYP, LIPID PROFILE, RET, T3U, T4, TIBCP, TSH, U/A Y,L,U
- 009 **LIVER** - AMYL, CBC, CMP, CRP, ESR, FERR, HAB, HEP, LIPA, LIPID PROFILE, PINR, PTT, RET, T3U, T4, TIBCP, TSH, U/A Y,L,U,B
- 012 **SCHOOL PHYSICAL** - CBC, CMP, LEAD, SC, TIBCP Y,L
- 010 **EXAM - COMPREHENSIVE** - CBC, CMP, ESR, FERR, G6PD, HYP, LIPID PROFILE, MG, PTH, RET, T3U, T4, TIBCP, TSH, U/A, VITADH Y,L,U
- 013 **EXAM - PLUS** - CBC, CMP, FERR, GLY, LIPID PROFILE, T4, TSH, U/A, VITADH Y,L,U
- 015 **HORMONES - MALE** - B12, CBC, CMP, CORT, FE, FERR, GLY, LIPID PROFILE, PSA, T4, TESTOS, TSH, U/A, VITADH Y,L,U
- 016 **HORMONES - FEMALE** - B12, CBC, CMP, CORT, DHEAS, ESTRA, FE, FERR, FOL, FSH, FT3, FT4, GLY, LH, LIPID PROFILE, MG, PROG, PROL, TESTOP, T4, TSH, U/A, VITADH Y,L,U
- 026 **PRENATAL** - ABORH, ANTIB, HCGQUANT, CBC, CMP, FERR, HEP, HIV, LIPID PROFILE, RET, TREP, RUB, T3U, T4, TIBCP, TSH, U, CT, GC, TV Y,L,U
- 033 **HEPATITIS** - HAB, HAIGM, HBCIGM, HEP, HEPC, SGOT, SGPT Y
- SEXUALLY TRANSMITTED INFECTION** - HEP, HEPC, HIV, HSVIGG, TREP, CT, GC, TV 034-FEMALE+ CAND, BV (Y,U,SW) 037-MALE (Y,U)

INDIVIDUAL TESTS (✓)

504 <input type="checkbox"/> ABO+RH	L	062001 <input type="checkbox"/> CT+GC+TV - MALE, RT PCR	U	ANAPRO <input type="checkbox"/> PROFILE ANA W/ REFLEX TO ANA 7	Y	FT3 <input type="checkbox"/> T3 FREE	Y
110 <input type="checkbox"/> AMYLASE	Y	DHEAS <input type="checkbox"/> DHEAS	Y	8050 <input type="checkbox"/> PROFILE 8050 (CBCD, CMP, TSH)	Y,L	601 <input type="checkbox"/> T3-UPTAKE	Y
701 <input type="checkbox"/> ASO QNT	Y	408 <input type="checkbox"/> ESR (SED RATE)	L	MAP <input type="checkbox"/> PROFILE MICROALBUMIN	U	606 <input type="checkbox"/> T4 FREE	Y
356166 <input type="checkbox"/> BACTERIAL VAGINITIS, RT PCR	SW	555 <input type="checkbox"/> ESTRADIOL	Y	TESTOP <input type="checkbox"/> PROFILE TESTOSTERONE	Y	602 <input type="checkbox"/> T4 TOTAL	Y
BMP <input type="checkbox"/> BASIC MET PANEL	Y	301 <input type="checkbox"/> FOLIC ACID	Y	(FREE TESTOSTERONE INDEX, SEX HORMONE BINDING GLOBULIN, TESTOSTERONE TOTAL)		013005 <input type="checkbox"/> TREPONEMA WITH REFLEX	Y
961 <input type="checkbox"/> BETA-HCG QNT	Y	976 <input type="checkbox"/> FSH	Y	558 <input type="checkbox"/> PROFILE TIBC	Y	604 <input type="checkbox"/> TSH	Y
971 <input type="checkbox"/> BNP	L	127 <input type="checkbox"/> GLYCO A1C	L	(FE, TIBC, TRANS, FE SATURATION)		159 <input type="checkbox"/> URIC ACID	Y
112 <input type="checkbox"/> BUN	Y	707 <input type="checkbox"/> H PYLORI	Y	982 <input type="checkbox"/> PROLACTIN	Y	801 <input type="checkbox"/> URINALYSIS	U
356560 <input type="checkbox"/> CANDIDA VAGINITIS, RT PCR	SW	013001 <input type="checkbox"/> HIV-1 HIV-2 AG/AB WITH REFLEX	Y	46 <input type="checkbox"/> PSA	Y	805 <input type="checkbox"/> URINE CULTURE	U
402 <input type="checkbox"/> CBC DIFF	L	83090 <input type="checkbox"/> HOMOCYSTEINE	Y	307 <input type="checkbox"/> PT WITH INR	Y	UDS <input type="checkbox"/> URINE DRUG SCREEN	U
921 <input type="checkbox"/> CEA	Y	HSVIGG <input type="checkbox"/> HSVIGG W/ REFLEX TO TYPE1&2	Y	605 <input type="checkbox"/> PTT	Y	910 <input type="checkbox"/> VAGINAL CULTURE	SW
200 <input type="checkbox"/> CHEMSCAN	Y	988 <input type="checkbox"/> LEAD	L	703 <input type="checkbox"/> RF (RHEUMATOID FACTOR) QNT	Y	910B <input type="checkbox"/> VAGINAL GRP B SCREEN	SW
(CMP, CPK, FE, GGTP, LDH, LIPID PROFILE, PHOS, URIC ACID)		709 <input type="checkbox"/> LH	Y	973 <input type="checkbox"/> RUBELLA IGG	Y	040 <input type="checkbox"/> PROFILE VAGINITIS - PLUS (CAND, BV, CT, GC, TV)	SW
54 <input type="checkbox"/> COMPREHENSIVE MET PANEL	Y	156 <input type="checkbox"/> LIPID PROFILE (CHOL, HDL, LDL, TRIG)	Y	895 <input type="checkbox"/> SICKLE CELL	Y	4343 <input type="checkbox"/> VARICELLA IGG	Y
120 <input type="checkbox"/> CREATININE	Y	144 <input type="checkbox"/> MAGNESIUM	Y	808 <input type="checkbox"/> STREPTOCOCCUS, GROUP A, WITH REFLEX TO CULTURE	SW	303 <input type="checkbox"/> VITAMIN B12	Y
804 <input type="checkbox"/> CRP	Y	MMR <input type="checkbox"/> MMR (MUMPS, MEASLES, RUBELLA)	Y	18 <input type="checkbox"/> TESTOSTERONE TOTAL	Y	VITADH <input type="checkbox"/> VITAMIN D	Y
955 <input type="checkbox"/> CRP HIGH SENSITIVE	Y	962 <input type="checkbox"/> PREGNANCY SERUM PREGNANCY	Y				
061009 <input type="checkbox"/> CT+GC+TV - FEMALE, RT PCR	U/SW	802 <input type="checkbox"/> URINE	U				

OTHER TESTS :

DIAGNOSIS CODES (✓)

ADDITIONAL DIAGNOSIS :

R10.9 <input type="checkbox"/> Abdominal Pain	R53.82 <input type="checkbox"/> Chronic Fatigue	R50.9 <input type="checkbox"/> Fever, NOS	N28.9 <input type="checkbox"/> Kidney Disorder, NOS	M06.9 <input type="checkbox"/> Rheumatoid Arthritis
J30.89 <input type="checkbox"/> Allergic Rhinitis, NEC	R56.9 <input type="checkbox"/> Convulsions, NOS	M79.7 <input type="checkbox"/> Fibromyalgia	M79609 <input type="checkbox"/> Limb Pain, NOS	Z00.00 <input type="checkbox"/> Routine Adult Exam
D51.8 <input type="checkbox"/> Anemia, B12 Def	J44.9 <input type="checkbox"/> COPD, NOS	K29.70 <input type="checkbox"/> Gastritis w/o Bleeding	Z79.01 <input type="checkbox"/> Long Term Use Anticoag	Z00.129 <input type="checkbox"/> Routine Child Exam
D64.9 <input type="checkbox"/> Anemia, NOS	R05 <input type="checkbox"/> Cough	K21.9 <input type="checkbox"/> GERD	C61 <input type="checkbox"/> Malign Neopl Prostate	J01.90 <input type="checkbox"/> Sinusitis, NOS
M12.9 <input type="checkbox"/> Arthropathy, NOS	N30.00 <input type="checkbox"/> Cystitis	R51 <input type="checkbox"/> Headache	K52.9 <input type="checkbox"/> Noninf Gastroenterit, NOS	Z51.81 <input type="checkbox"/> TheraDrug Mon
J45.998 <input type="checkbox"/> Asthma, NOS	F32.9 <input type="checkbox"/> Depressive Dis	I50.9 <input type="checkbox"/> Heart Failure, NOS	E66.9 <input type="checkbox"/> Obesity, NOS	E07.9 <input type="checkbox"/> Thyroid Disorder, NOS
I25.10 <input type="checkbox"/> Athero Heart Disease	L25.9 <input type="checkbox"/> Dermatitis, NOS	R31.9 <input type="checkbox"/> Hematuria, NOS	M83.9 <input type="checkbox"/> Osteomalacia, NOS	E05.90 <input type="checkbox"/> Thyrotoxicosis, NOS
I48.91 <input type="checkbox"/> Atrial Fibrillation	E11.9 <input type="checkbox"/> Diabetes, Type II	K71.6 <input type="checkbox"/> Hepatitis, NOS	M81.0 <input type="checkbox"/> Osteoporosis, NOS	N34.2 <input type="checkbox"/> Urethritis, NEC
M54.5 <input type="checkbox"/> Back Pain, Lower	R19.7 <input type="checkbox"/> Diarrhea, NOS	E78.4 <input type="checkbox"/> Hyperlipidemia, NEC	I73.9 <input type="checkbox"/> Perip Vasc Dis, NOS	R35.0 <input type="checkbox"/> Urinary Frequency
M54.9 <input type="checkbox"/> Backache, NOS	R42 <input type="checkbox"/> Dizziness, NOS	I10 <input type="checkbox"/> Hypertension	J02.9 <input type="checkbox"/> Pharyngitis	N39.0 <input type="checkbox"/> UTI, NOS
N40.0 <input type="checkbox"/> BPH w/o Urinary LUTS	R30.0 <input type="checkbox"/> Dysuria	E03.9 <input type="checkbox"/> Hypothyroidism, NOS	Z33.1 <input type="checkbox"/> Pregnancy	N76.0 <input type="checkbox"/> Vaginitis
L03.90 <input type="checkbox"/> Cellulitis, NOS	R03.0 <input type="checkbox"/> Elev BP w/o HTN	G47.00 <input type="checkbox"/> Insomnia, NOS	Z01.812 <input type="checkbox"/> Preop Exam, NOS	Z20.2 <input type="checkbox"/> Venereal Dis Cont
R07.9 <input type="checkbox"/> Chest, NOS	R97.20 <input type="checkbox"/> Elevated PSA	N92.6 <input type="checkbox"/> Irregular Mens, NOS	N41.9 <input type="checkbox"/> Prostatitis, NOS	R53.1 <input type="checkbox"/> Weakness
				R63.4 <input type="checkbox"/> Weight Loss

FOR LAB USE ONLY

