

UNITED CLINICAL LABORATORIES

SUBMITTER MAY BE BILLED IF COMPLETE PATIENT AND BILLING INFORMATION IS NOT PROVIDED

Patient Information - PLEASE PRINT LEGIBLY

Billing Information:

Record/History/Office ID #	*Please list or attach the following insurance information:	
Patient SS# (optional)	Ins. Company Name:	
Patient Name	Rm #	Policy# Group#
Birthdate:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ins. Co. Address
Patient Address		City/State/Zip
City/State/Zip		Patient Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Phone # (H) (W)		Insured's Name
Physician (full name)		Insured's Address (if not patient)
Order date/Initials:	Account Code:	City/State/Zip
Bill to: <input type="checkbox"/> Insurance* <input type="checkbox"/> Medicare* <input type="checkbox"/> Medicaid* <input type="checkbox"/> Account <input type="checkbox"/> Patient		Does patient have other insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please send additional insurance information.

STAT Expedite Call Results to _____ Fax Results to _____

Boxed and Bold text: Indicates the tests has a Medicare Medical Necessity Coding Policy

***Note: Medicare will only pay for panels if ALL tests (especially glucose) are "medically necessary."**

ICD 10 Code	Description/Test Code	ICD 10 Code	Description/Test Code	ICD 10 Code	Description/Test Code
	HEMATOLOGY		C-Reactive Protein(Inflammatory) - 411		MICROBIOLOGY
<input type="checkbox"/>	CBC w/diff - 001	<input type="checkbox"/>	Digoxin - 500	<input type="checkbox"/>	Specimen Source Required: _____
<input type="checkbox"/>	Hemogram (CBC no diff) - 014	<input type="checkbox"/>	Drugs of Abuse - 576	<input type="checkbox"/>	Culture-Other Source - M31
<input type="checkbox"/>	HgB+Hct - 005	<input type="checkbox"/>	Electrolyte Panel - 151	<input type="checkbox"/>	Anaerobic Culture - M56
<input type="checkbox"/>	Sed Rate (ESR) - 009	<input type="checkbox"/>	Ferritin - 295	<input type="checkbox"/>	Gram Stain - M34
<input type="checkbox"/>	WBC w/diff - 015	<input type="checkbox"/>	Folate - 279	<input type="checkbox"/>	Acid Fast Culture/Stain - M57
<input type="checkbox"/>	WBC (no diff) - 01W	<input type="checkbox"/>	GGTP (GGT) - 137	<input type="checkbox"/>	Fungus Culture (Other) - M02
	COAGULATION		Glucose - 103	<input type="checkbox"/>	Chlamydia/GC; PCR - M15
<input type="checkbox"/>	Protime w/INR - 02F	<input type="checkbox"/>	Glucose w/Reflex A1C - GLUCASD	<input type="checkbox"/>	Chlamydia/GC; PCR Urine - M14
	URINALYSIS		Hemoglobin A1C - 13C		THROAT Source
<input type="checkbox"/>	Urinalysis w/Micro - 090	<input type="checkbox"/>	* Hepatic Function Panel - 797	<input type="checkbox"/>	Rapid Strep - M29
<input type="checkbox"/>	Urine Culture - M41	<input type="checkbox"/>	Hepatitis B Sur Antibody, QL/QN - 416	<input type="checkbox"/>	Strep Screen, Throat - M30
<input type="checkbox"/>	Urinalysis Cascade - URINCASD	<input type="checkbox"/>	Hepatitis B Sur Antigen - 413	<input type="checkbox"/>	Throat Culture - M42
	SEROLOGY		Hepatitis C Antibody - 414		STOOL Source
<input type="checkbox"/>	ANA (Antinuclear Antibody) - 400	<input type="checkbox"/>	HIV-1/HIV-2 AB - 473	<input type="checkbox"/>	GI Panel, PCR - GIPCR
<input type="checkbox"/>	Influenza A+B Antigen - 145	<input type="checkbox"/>	Iron - 116	<input type="checkbox"/>	Stool Culture - M43
<input type="checkbox"/>	Mono Spot Test - 415	<input type="checkbox"/>	Iron/Iron Binding Capacity - 117	<input type="checkbox"/>	Ova & Parasite - M75
<input type="checkbox"/>	Rubella, IgG - 475	<input type="checkbox"/>	LDL(Direct LDL Chol) - 120	<input type="checkbox"/>	Clostridium difficile PCR - 459
	CHEMISTRY		* Lipid Panel - 785	<input type="checkbox"/>	Giardia/Crypto Screen - M68
<input type="checkbox"/>	AFP-Tumor Marker - 281	<input type="checkbox"/>	* Lipid Cascade - 786		MRSA Tests
<input type="checkbox"/>	Albumin - 108	<input type="checkbox"/>	Lithium - 545	<input type="checkbox"/>	MRSA Nasal Culture - M50
<input type="checkbox"/>	ALT (SGPT) - 138	<input type="checkbox"/>	Microalbumin Creat Ratio, Urine - 32B	<input type="checkbox"/>	MRSA Nasal Screen PCR - 454
<input type="checkbox"/>	AST (SGOT) - 112	<input type="checkbox"/>	Phosphorus - 102	<input type="checkbox"/>	MRSA Skin/Soft Tissue PCR - 455
<input type="checkbox"/>	B12, Vitamin - 278	<input type="checkbox"/>	Potassium - 153		
<input type="checkbox"/>	* Basic Metabolic Panel - C07	<input type="checkbox"/>	Prealbumin - 129	<input type="checkbox"/>	Urine Culture - M41
<input type="checkbox"/>	Bilirubin, Total - 109	<input type="checkbox"/>	PSA, Total, Screening - 149		OTHER TESTS
<input type="checkbox"/>	Bilirubin, Total/Dir/Ind - 136	<input type="checkbox"/>	PSA, Total, Diagnostic - 149	<input type="checkbox"/>	_____
<input type="checkbox"/>	B-Natriuretic Peptide (BNP) - 422	<input type="checkbox"/>	* Renal Function Panel - 203	<input type="checkbox"/>	_____
<input type="checkbox"/>	BUN - 104	<input type="checkbox"/>	Sodium - 152	<input type="checkbox"/>	_____
<input type="checkbox"/>	Calcium - 101	<input type="checkbox"/>	TSH - 360	<input type="checkbox"/>	Phlebotomy - 601
<input type="checkbox"/>	Carbamezapine(Tegretol) - 529	<input type="checkbox"/>	TSH Cascade - 361 (do T4 if Abn)	<input type="checkbox"/>	Service Fee - 605 + Trip Fee - 614
<input type="checkbox"/>	CEA (Carcinoembryonic Ag) - 271	<input type="checkbox"/>	T4, Total - 340		COLLECTION INFORMATION
<input type="checkbox"/>	Cholesterol - 106	<input type="checkbox"/>	T4, Free - 380	<input type="checkbox"/>	Collected Date/Time: _____
<input type="checkbox"/>	* Comp. Metabolic Panel - 200	<input type="checkbox"/>	Triglyceride - 122	<input type="checkbox"/>	Draw Site: _____ Initials: _____
<input type="checkbox"/>	Creatinine - 161	<input type="checkbox"/>	Uric Acid - 105		
<input type="checkbox"/>	Creatinine Urine, Random - 162	<input type="checkbox"/>	Vitamin D2/D3, 25-OH - 419		