Trinity Medical Center Laboratory

Patient Information	Billing / Insurance Information
Patient Name: Patient Phone#:	❑ Bill Insurance ❑ Bill Account ❑ Bill Patient
Patient Address (City, State, Zip):	Primary Insurance Plan:
Patient SS#: DOB: Sex:	Policy #:
Ordering Physician:	Primary Subscriber (If other than Patient):

ATTENTION PHYSICIAN: Laboratory tests must be ordered individually and based on medical necessity. Medical necessity is defined as services which are necessary for the diagnosis or treatment of disease, illness or injury and meet accepted standards of medical practice. Tests ordered **MUST** include diagnosis. When Medicare coverage is sought, only tests which meet the Medicare definition of reasonable and necessary should be ordered. Medicare may deny payment for tests which do not meet that definition. The patient must be informed of potential denial of payment and sign the Provider/Supplier Notice to Beneficiary form (available under separate cover).

Diagnoses:

✓	Test Name
	Chemistry Panels
	Basic Metabolic *(Lytes, Glu, BUN, Crt, CA)*
	Comprehensive Metabolic *(Basic, AST, ALT, ALP, TP, ALB)*
	Electrolytes
	Liver Profile *(ALT, AST, Tbil, Dbil, TP, ALB)*
	Lipid Profile *(HDL, LDL, TRIG, CHOL)*
	Routine Chemistry
	AST/SGOT
	ALT/SGPT
	ALP
	Bilirubin, Total
	Bilirubin, Direct
	B12
	BNP
	BUN
	Calcium
	CEA
	Cholesterol
	C-Reactive Protein
	Creatinine
	Estradiol
	Ferritin
	Folate
	FSH
	GGT
	Glucose
	Glucose Tolerance
	2 Hour Post-Prandial
	HBA1C

✓	Test Name
	Routine Chemistry
	Iron
	Lead
	LH
	Microalbumin
	Potassium
	PSA
	Phosphorus
	Pregnancy, urine
	Pregnancy, serum Qualitative
	Pregnancy, Quantitative HCG
	Free T4
	T4, total
	T3, total
	TSH
	TIBC
	Triglyceride
	Uric Acid
	Therapeutic Drug Testing
	Digoxin
	Dilantin
	Lithium
	Vanco **peak** **trough**
	Hematology
	CBC (includes differential)
	ESR
	Hgb/Hct
	Platelet
	WBC
	Coagulation
	PTINR
	APTT
	Anticoagulant?

✓	Test Name
	Serology
	Mono
	ASO
	RF
	ANA
	RPR
	Urinalysis
	Routine Urine
	Occult Blood
	Microbiology
	CDIFF
	Rotavirus
	Ova/Parasite
	Acid Fast Culture
	Routine Culture
	Source?
	Gram Stain
	Anaerobic Culture
	Fungal Culture
	Strep Screen Rapid
	Strep Screen Routine
	Antibiotic?
	Miscellaneous

❑ **Fasting?** ❑ **Non-Fasting?**

MD/DO Signature: _____

Date/Time of Sample Collection: _____

Date: _____

MD/DO Address: _____