FOR LAB USE ONLY					
SST	**RED**	**LAV**	**BLUE**	**FROZEN**	**OTHER:**
UA	**UA-24**	**UA-CULT**	**STOOL**	**SWAB**	

McLaren PORT HURON

A Member of JVHL

OUTPATIENT LABORATORY REQUISITION

1221 PINE GROVE AVENUE
PORT HURON, MICHIGAN 48060
PHONE: (810) 989-3263 FAX: (810) 989-3221

DATE COLLECTED: / / TIME COLLECTED: _____ AM PM

INIT.:

FASTING ☐ _____ hours _____

ACCOUNT NO.:

HISTORY NO. or LABEL: AFFIX ACCESSION LABEL HERE

ORDERING PHYSICIAN:

STAT PRIORITY ☐

SEND COPY TO:

PATIENT LAST NAME | FIRST | M.I. | SEX

ADDRESS/STREET | CITY | STATE | ZIP

HOME PHONE ( ) | SOCIAL SECURITY NO. | BIRTHDATE Mo Day Year

A COPY OF INSURANCE CARD IS REQUESTED

BILL TO: BC/BS ☐ MC ☐ MCAID ☐ OTHER ☐ PATIENT ☐

PATIENT IS: ☐ Subscriber ☐ Spouse ☐ Dependent

SUBSCRIBER NAME | LAST | FIRST | INITIAL

GROUP # | CONTRACT #

ICD-10 CM REQUIRED FOR INSURANCE BILLING AND MUST BE PROVIDED TO JUSTIFY MEDICAL NECESSITY FOR TESTS ORDERED PARTIAL LIST APPEARS BELOW

PHYSICIAN NOTICE

Advanced Beneficiary Notice: If physicians and caregivers have **reason to believe** that Medicare will not pay for a procedure because it is not covered due to medical necessity, screening or frequency they are required to provide the Medicare patient with an ABN. If Medicare is likely to deny payment you should complete the ABN and ask the patient to sign it.

Medical Necessity: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. (@=ABN targeted tests)