



Beaufort Memorial HOSPITAL

Request for Outpatient Laboratory Services

ELECTIVE ROUTINE URGENT EMERGENCY WITHIN PAST 24 HRS Pt Acct#

PATIENT INFORMATION	
Patient Name (Last, First, MI)	
Address	
DOB	Date
Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Referring Physician Signature	Pt. SS#
Subscriber's DOB	Sub SS#

General instructions for Medicare Patients - All orders for clinical laboratory tests must include a statement of medical necessity by ICD-9 code or diagnosis. Test not covered by that code, may be charged to the patient. Please fill in the appropriate code or diagnosis for each test or profile.
FAX NUMBER: _____

Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code
Panel 7 Or BMP	80048		* Lipid Panel	80061		Hematology			Chemistry		
Sodium	84295		Cholesterol, Serum	82465		* CBC with Auto Diff.	85025		* Hemoglobin A1c	83036	
Potassium	84132		Total			* CBC, Manual Diff.	85007		*Iron	83540	
Chloride	82435		HDL Cholesterol	83718			85027		*Transferrin (TRF)	84466	
Carbon Dioxide	82374		Triglycerides	84478		ESR, Sed Rate	85651		% SAT		
Glucose	82947		LDL Calculation			* HGB	85018		* Lactic dehydrogenase	83615	
Urea Nitrogen (BUN)	84520					* HCT	85014		Lithium	80178	
Creatinine	82565		General Health Panel	80050		Coagulation			Lutinizing Hormone	83002	
Calcium	82310		Comprehensive			APTT	85730		Magnesium	83735	
			Metabolic Panel	80053		*PT	85610		Phosphatase, Alkaline	84075	
Electrolyte Panel	80051		CBC with Automated Diff.			Serology			* Phosphorus		
Sodium	84295		with platelet Count	85025		Hep A Antibody	86708		(Inorganic phosphate)	84100	
Potassium	84132		Thyroid Stimulating			Hep B Surf. Antibody	86706		Potassium	84132	
Chloride	82435		Hormone (TSH)	84443		Hep B Surf. Anitgen	87340		*PSA	84153	
Carbon Dioxide	82374		Obstetric Panel	80055		Hep C Antibody	86803		*PSA Screening	G0103	
			CBC with Automated Diff.			HIV Ab Screen	86701		*Protein, total	84155	
Comprehensive Metabolic Panel	80053		with platelet Count	85025		Inf. Mono. Test	86308		Prolactin	84146	
Sodium	84295		Hepatitis B Surface Antigen			Pregnancy Test, qual	81025		Progesterone	84144	
Potassium	84132		(HBsAg)	87340		* RPR (STS)	86592		SGOT (AST)	84450	
Chloride	82435		Rubella Antibody	86762		Rheumatoid factor, qual	86430		SGPT (ALT)	84460	
Carbon Dioxide	82374		RPR	86592		ASO	86060		Sodium	84295	
			ABO Type	86900		Occult Blood	82270		Theophylline	80192	
Glucose	82947		RH Type	86901		GASTROCULT	82270				
Urea Nitrogen (BUN)	84520		Antibody Screen	86850		Chemistry			Testosterone	84403	
Creatinine	82565		Cardiac Profile			Albumin	82040		Triglyceride	84478	
Albumin	82040		Troponin I	84484		Amylase	82150		Urea Nitrogen (BUN)	84520	
Bilirubin, Total	82247		Creatine Phosphokinase			Bilirubin, Direct	82250		Uric Acid	84550	
Calcium	82310		(CK)	82550		Bilirubin, Total	82250		Dilantin	80185	
Phosphatase, Alkaline	84075		CK-MB Isoenzyme	82553		BNP	83880		Valproic Acid	80164	
Protein, Total	84155		Thyroid Profile			Calcium, Total	82310				
Transferase, Aspartate	84450		Free-T4	84439		Carbon Dioxide	82374		Microbiology		
Amino (AST) (SGOT)			*TSH	84443		Chloride	82435		Chlamydia	87206	
Transferase, Alanine	84460		MISC			Cholesterol	82465		Clostridium diff. toxin	87230	
Amino (ALT) (SGPT)			VIT D; 25-OH	82306		Cholesterol, HDL	83718		Anaerobic Source	87075	
Transferase, Aspartate	84450		PTH	83970		Vitamin B12	82607		Aerobic Source	87070	
Amino (AST) (SGOT)			Protein	84165		Cortisol	82533		Stool Culture	87045	
Total Protein	84155		Electrophoresis(s)	84155		Creatinine, Serum	82565		Throat Culture	87060	
			Micro Albumin	82043		Creatinine Clearance	82575		* Urine Culture	87086	
*Urinalysis	81001		CRP	86140		Creatine Phos			Ova & Parasite	87177 & 88313	
			RSV	90378		(CK, CPK)	82550		Rapid Strep A Screen	87430	
						Digoxin	80162		Blood Culture	87040	
						Ferritin	82728				
						Folate	82746		Immunology		
						FSH	83001		Anti Nuclear Antibody (ANA)	86038	
						* Glucose	82947		* CEA	82378	
						*Glucose Tolerance (2Hr)	82951		* CA - 125	86316	
						Gamma GT	82977				
						Beta hCG quant	84702		Other Tests		

IF MEDICAL NECESSITY MAY BE QUESTIONED AND WHEN SPECIMEN ONLY IS BROUGHT TO LAB. PLEASE HAVE BENEFICIARY SIGN BELOW.

ADVANCE BENEFICIARY NOTICE

I understand Medicare is likely to deny payment for the asterisked tests (*) because: •Medicare usually does not pay for this service for my condition I understand that Medicare does not cover routine screens or annual physicals. If Medicare denies payment, I agree to be personally and fully responsible for payment.

X _____ Date _____