

ANMED HEALTH CLINICAL REQUISITION

Laboratory Services
800 North Fant St., Anderson, South Carolina 29621
864.512.1816 / 1.800.868.5877

Bill Patient/Insurance Bill Medicare/Medicaid Bill Client Account

Patient Name (Last) _____ (First) _____ (MI) _____				This section must be completed for Patient or Third Party Billing			
Address _____ City _____ State _____ Zip Code _____				Insured's Name _____			
Sex _____	Age _____	Date of Birth _____	Patient Phone No. _____	City _____ State _____		Zip Code _____	
Office Chart No. _____		Social Security _____		Policy Number _____			
Ordering Physician _____			Order Date _____				
Diagnosis (es): _____				Insured's Employer Name _____			
Medicare will only pay for tests that meet the medicare local and national coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.				I hereby authorize the release of medical information related to the services described hereon, and I understand that I am responsible for payment in full for any balance not covered by my health insurance			
				Patient Signature _____			
Order Information: Send Copy to: _____ Perform STAT _____ _____ Standing Order - Frequency _____ Phone# _____ Standing Order "End" Date _____ Fax# _____				Specimen Information: Date/Time of Collection _____ By: _____ Date/Time Last Dose: _____		Specimen Type: _____ Whole Blood _____ Plasma _____ Serum _____ Urine, 12/24 hr. vol. _____ _____ Other _____ _____ FROZEN SPECIMEN	
Additional tests to be ordered:							

Panels / Profiles	ICD-10 Code	Chemistry-Cont.	ICD-10 Code	Hematology	ICD-10 Code	Miscellaneous	ICD-10 Code
Comprehensive Metabolic Panel		Free T4		CBC without Differential		CD4	
Basic Metabolic Panel		FT3		CBC with Automated Differential		Lymphoma Panel	
Electrolytes		GGTP		Manual Differential		Cytogenetics	
Hepatic Function Panel		Glucose		D-Dimer		JAK2	
Lipid Panel		HCG, serum		Hemoglobin Electrophoresis		BCR/ABL	
Viral Hepatitis Panel		HGB A1C		Hemoglobin			
Progressive Thyroid Panel		Homocysteine		Hematocrit			
Prenatal Panel		Immuno Battery		Platelet Count		Infectious Disease Testing	
Prenatal Plus		Iron		PT INR		Chlamydia/GC DNA Probe	
Renal		Iron Saturation		PTT		EBV Screen	
Progressive ANA		Lead - Adult		Reticulocyte Count		Flu	
		Lead - Pediatric		Sedimentation Rate		Hepatitis B core Ab, IgM	
		LH		Sickle Screen		Hepatitis A antibody, IgM	
		Lipase				Hepatitis C antibody	
		Magnesium				Hepatitis C RNA, Quantitative	
		Phosphorous				Hepatitis B surface antigen	
		Potassium				Hepatitis B surface antibody	
		Prolactin				HIV	
		Prealbumin				Lyme Ab (reflex to Western Blot)	
		Progesterone				Monospot	
		Protein Electrophoresis				Rotavirus	
		Protein, Total				RPR	
		PSA Diagnostic				RSV	
		PSA Screening				Rubella Screen	
		PTH Intact				Strep A (Rapid Strep)	
		Rheumatoid Factor				Zoster IGG	
		Renin					
		Testosterone, Total					
		Testosterone, Free + Total					
		Thyroid Antibodies					
		TIBC					
		Triglycerides					
		TSH					
		Uric Acid					
		Vitamin D					
		ANA Screen					