

**Spectrum Health Regional Laboratories General Laboratory (Patient Bill)**



**REQUIRED OFFICE AND PROVIDER INFORMATION:**

Office name:

Address:

Phone:

Secure Fax:

Provider Name: \_\_\_\_\_

*PRINT First and Last Name. No Initials. REQUIRED*

NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date ordered	Date collected	Time collected	Collector

**Order Expiration**

30 Days  90 Days  180 Days  365 Days  
*Note: No indication of order expiration date will default to 400 days*  
 Standing orders:  Weekly  Monthly  As needed  Other:

**Patient Information - REQUIRED**

Name Last	First	MI
Address		Phone
City	State	Zip
Sex	Marital Status	Birth Date
		Cell Phone

**Billing - REQUIRED**

*Attach a copy of face sheet or insurance card. Test will be registered as patient self-pay and bill be the responsibility of the patient if information is not provided.*

**Bill to:**

Guarantor name: \_\_\_\_\_  
 Insurance name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group ID: \_\_\_\_\_

**Note:** Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed.

**Additional Reports to:**  
 Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Diagnosis or ICD 10 Code - REQUIRED**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**PANELS**  
 Acute Hepatitis Panel (HBsAg, HBcAb-IgM, HAV Ab-IgM, HCV Ab)  
 Basic Metabolic Panel (Na, K, Cl, HCO3, Creat, BUN, Glu, Ca)  
 Comprehensive Metabolic Panel (Na, K, Cl, HCO3, Creat, BUN, Glu, Ca, T. Prot, Alb, AST, ALT, Alk Phos, T, Bili)  
 Electrolyte Panel (NA, K, Cl, HCO3)  
 Hepatic Function Panel (Liver) (Alb, Alk Phos, ALT, AST, T. Bili, D. Bili, T. Prot)  
 Lipid Panel (Chol, HDL, Trig, Chol/HDL, calc LDL)  
 Obstetric Panel (\*\*ABO & Rh, \*\*Antibody Screen, Syphilis Total, Rubella, CBC w/diff, HBsAg)  
 Renal Panel (Glu, BUN, Na, Creat, PO4, K, Ca, Cl, HCO3, Alb)

BLOOD TESTS	
<input type="radio"/> A1c (Hemoglobin A1c)	<input type="radio"/> Hepatitis C Ab Diagnostic
<input type="radio"/> AFP Tumor Marker	<input type="radio"/> Hepatitis C Ab Screen
<input type="radio"/> Albumin	<input type="radio"/> HIV-1/HIV-2 Screen
<input type="radio"/> Alkaline Phosphatase	<input type="radio"/> Homocysteine Total
<input type="radio"/> ALT	<input type="radio"/> Iron
<input type="radio"/> Amylase	<input type="radio"/> Iron and IBC
<input type="radio"/> ANA Screen	<input type="radio"/> LD (Lactate Dehydrogenase)
<input type="radio"/> AST	<input type="radio"/> LH (Luteinizing Hormone)
<input type="radio"/> Beta CTx Level	<input type="radio"/> Lipase
<input type="radio"/> Bilirubin, Direct	<input type="radio"/> Magnesium
<input type="radio"/> Bilirubin, Total	<input type="radio"/> Mono EBV, IgM if Ind
<input type="radio"/> BNP (NT-Pro BNP)	<input type="radio"/> Mononucleosis Screen
<input type="radio"/> BUN (Urea Nitrogen)	<input type="radio"/> Parathyroid Hormone (PTH) Intact
<input type="radio"/> Calcium	<input type="radio"/> Phosphorus
<input type="radio"/> Cancer Antigen 125	<input type="radio"/> Potassium
<input type="radio"/> Cancer Antigen 15-3	<input type="radio"/> Prolactin
<input type="radio"/> CBC w/Differential	<input type="radio"/> PSA Screening
<input type="radio"/> CBC w/o Differential	<input type="radio"/> PSA Symptomatic
<input type="radio"/> CCP Antibody Level	<input type="radio"/> PSA, Symp, do Free PSA if ind.
<input type="radio"/> CEA	<input type="radio"/> PT/INR (Protime)
<input type="radio"/> Chloride	<input type="radio"/> PTT (APTT)
<input type="radio"/> Cholesterol Total	<input type="radio"/> Rheumatoid Factor (RF)
<input type="radio"/> CK	<input type="radio"/> Sed Rate
<input type="radio"/> C-Reactive Protein	<input type="radio"/> Sodium
<input type="radio"/> CRP, High Sensitive	<input type="radio"/> Syphilis Total Antibody Screen
<input type="radio"/> Creatinine	<input type="radio"/> T4, Free
<input type="radio"/> Epi Pro Colon	<input type="radio"/> TB Screen (Quantiferon Gold)
<input type="radio"/> Estradiol	<input type="radio"/> Testosterone, Total
<input type="radio"/> Ferritin	<input type="radio"/> Testosterone, Free and Total
<input type="radio"/> Folate (Folic Acid)	<input type="radio"/> Thyroid Function Cascade
<input type="radio"/> FSH	<input type="radio"/> Thyroid Peroxidase Antibody
<input type="radio"/> GGT	<input type="radio"/> Total Protein
<input type="radio"/> Glucose	<input type="radio"/> Triglycerides
<input type="radio"/> Glucose, Fasting (8+hrs)	<input type="radio"/> TSH
<input type="radio"/> Glucose, 2 hr. Tolerance	<input type="radio"/> TSH, do Free T4 if ind
<input type="radio"/> HCG, (Beta) Quantitative	<input type="radio"/> Uric Acid
<input type="radio"/> HDL Cholesterol	<input type="radio"/> Vitamin B-12
<input type="radio"/> Hepatitis B Surf ANTIBODY	<input type="radio"/> Vitamin D 25 Hydroxy
<input type="radio"/> Hepatitis B Surf ANTIGEN	<input type="radio"/>

MISCELLANEOUS TESTS
<input type="radio"/> Carbamazepine (Tegretol) Total
Dosage: _____ Date/Time: _____
<input type="radio"/> Cyclosporine
Dosage: _____ Date/Time: _____
<input type="radio"/> Digoxin
Dosage: _____ Date/Time: _____
<input type="radio"/> Lithium Level
Dosage: _____ Date/Time: _____
<input type="radio"/> Phenytoin (Dilantin) Total <input type="radio"/> Free
Dosage: _____ Date/Time: _____
<input type="radio"/> Sirolimus Level
Dosage: _____ Date/Time: _____
<input type="radio"/> Tacrolimus Level
Dosage: _____ Date/Time: _____
<input type="radio"/> Valproic Acid (Epival) Total <input type="radio"/> Free
Dosage: _____ Date/Time: _____
<input type="radio"/> Vancomycin <input type="radio"/> Trough <input type="radio"/> Random <input type="radio"/> Peak
Dosage: _____ Date/Time: _____

SOURCE:
<input type="radio"/> Chlamydia (CT) Swab <input type="radio"/> Abbott <input type="radio"/> Aptima
<input type="radio"/> Gonococcus (GC) Swab <input type="radio"/> Abbott <input type="radio"/> Aptima
<input type="radio"/> CT and GC Swab <input type="radio"/> Abbott <input type="radio"/> Aptima
<input type="radio"/> Trichomonas Swab <input type="radio"/> Eswab <input type="radio"/> Aptima
<input type="radio"/> Strep A Screen, Culture if neg.
<input type="radio"/> Group A Strep Throat Culture
<input type="radio"/> Group B Strep, PCR (vag/rectal)
<input type="radio"/> Group B Strep, PCR, Pen Allergy (vag/rectal)
<input type="radio"/> H. Pylori Urea Breath Test
<input type="radio"/> Influenza A/B, PCR
<input type="radio"/> Occult Blood Colorectal Cancer Screen (Polymedco)
<input type="radio"/> Occult Blood Diagnostic Immunoassay, Stool
<input type="radio"/> Occult Blood Screening Immunoassay, Stool
<input type="radio"/> RSV Rapid
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

URINE TESTS	
<input type="radio"/> Chlamydia (CT) PCR, Urine	First Void ABBOTT Only
<input type="radio"/> Gonococcus (GC) PCR, Urine	First Void ABBOTT Only
<input type="radio"/> CT/GC PCR, Urine	First Void ABBOTT Only
<input type="radio"/> Chlamydia (CT) NAAT, Urine	First Void APTIMA Only
<input type="radio"/> Gonococcus (GC) NAAT, Urine	First Void APTIMA Only
<input type="radio"/> CT/GC NAAT, Urine	First Void APTIMA Only
<input type="radio"/> Trichomonas NAAT, Urine	First Void APTIMA only
<input type="radio"/> Drug Screen w/Confirmation 23 Target	
<input type="radio"/> Drug Screen w/Confirmation 32 Target	
<input type="radio"/> Microalbumin/Creatinine, Random Urine	
<input type="radio"/> Nicotine Level, Urine	
<input type="radio"/> Pregnancy Qualitative, Urine	
<input type="radio"/> Protein/Creatinine, Random Urine	
<input type="radio"/> UA (Urinalysis)	<input type="radio"/> Catheter <input type="radio"/> CCMS
<input type="radio"/> UA, do C&S if ind.	<input type="radio"/> Catheter <input type="radio"/> CCMS
<input type="radio"/> Urine Culture only	<input type="radio"/> Catheter <input type="radio"/> CCMS <input type="radio"/> Culture Kit
<b>24 Hr Start Date &amp; Time:</b>	
<b>24 Hr End Date &amp; Time:</b>	
<input type="radio"/> Calcium	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Chloride	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Creatinine 24 Hour Urine	
<input type="radio"/> Creatinine Clearance	<b>24 Hr Urine +</b> <input type="radio"/> SERUM
<input type="radio"/> Magnesium	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Phosphorus	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Protein	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Protein Electrophoresis, do IFE***	<input type="radio"/> 24 hr. <input type="radio"/> Random
*** Reason: <input type="radio"/> Monitoring <input type="radio"/> Screen General <input type="radio"/> Screen, AL amyloid	
<input type="radio"/> Sodium	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Urea Nitrogen	<input type="radio"/> 24 hr. <input type="radio"/> Random
<input type="radio"/> Uric Acid	<input type="radio"/> 24 hr. <input type="radio"/> Random

**SPECIAL INSTRUCTIONS**

Label specimen with 2 patient identifiers (name and date of birth) **CATALOG:** <http://spectrumhealth.testcatalog.org> Orders Team Fax: 616-774-7696  
**CATALOG:** <http://spectrumhealth.testcatalog.org> White – Lab Yellow – Provider Call Center Phone: 616-774-7721  
 Template: SH LAB GEN LAB PATIENT BILL 12/2020 For a list of Draw Sites visit [spectrumhealth.org/locations](http://spectrumhealth.org/locations)