



Patient Name - Last, First, M.I., Patient I.D., Room #, Daytime Phone/Add'l ID, Date of Birth, Sex, Date Collected, Time Collected, Requesting Physician, Fasting, Urine Volume, STAT CALL Same Day

84621 STATE OF TX COVID-AMARILLO

Acct No. 26 47 14

BILL TO: MEDICARE ACCOUNT, MEDICAIDE PATIENT, HMO PPO / POS, ST, GY, PE, U, UC, SC, OP, L, GR, SE, CU, SW, VT, E, B, PR, Froz, AP, OT, 920 Venipuncture CPL, 925 Finger / Heel Stick, 919 Venipuncture, 922 Ur Vol Meas, 997 Verbal Diagnosis, 996 Standing Order, 9999 Verbal Order, ABN Attachments, 989 Pt Decline, 998 Multiple Orders, PSC ID, Phleb ID

PLEASE COMPLETE INFORMATION BELOW

Policy Holder Name, Address, City, State, ZIP, Evening Phone, Medicare Number, Medicaid Number, State, Ordering Physician NPI, Primary Insurance Name, Member I.D., Group, Date of Injury or Onset of Illness, Primary Insurance Address, City, State, ZIP, Phone, Authorization #, Secondary Insurance Name, Member I.D., Group, Secondary Insurance Address, City, State, ZIP, Phone

R 21 Rev 2015

Table with 9 columns for ICD Code REQUIRED

Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient. \*Reflex testing may be performed with additional charge (see reverse for details) @ Medicare Limited Coverage # Medicare Frequency Limit + Not Covered by Medicare > More than one CPT code will be billed

Table of medical tests including AMA PANELS, TESTS, and various lab codes like 9325 Acute Hepatitis Panel, 142 Basic Metabolic Panel, 3545 CRP (C-Reactive Protein), etc.

5375 QUAD SCR @ > ST, 2617 AFP-NTD @ ST, Patient DOB, Donor DOB, Maternal Weight, Testing, NTD History, Pre-existing Insulin Dependent DM, Race, Current Smoker, Number of Fetuses, If Twins, Gestational Age (G.A.) Determined by (check): Sonogram, G.A. at Sonogram, LMP, Family History of Down Syndrome

MICROBIOLOGY - CULTURES, Source REQUIRED as Indicated, MICROBIOLOGY - ADDITIONAL TESTS, 6007 Culture, Routine, 6130 Culture, AFB w/Smear, 5002 Culture, Mycoplasma/Ureaplasma, 6135 C. Difficile Toxin A and B, etc.

ADDITIONAL TESTS/SPECIAL INSTRUCTIONS:

7305 SARS-COV-2 PCR (PRIORITY 1 & 2)

7300 SARS-COV-2 VTM (PRIORITY 3)