*LAB14 *

ALLINA HEALTH LABORATORY
CONSULT CENTER
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Phone: 612-863-5718 • Fax: 612-863-9489
www.allinahealth.org/allinahealthlaboratory

BILL TO (MUST CHECK ONE): ☐ CLIENT ☐ PATIENT/INSURANCE

Facility

Name: _____

Address: _____

_____

Phone: _____

Provider

Name: _____

-AND-

Allina Health ID Number:_____

-OR-

NPI #:_____

☒ Fax report to (_____) _____- _____

DATE & TIME COLLECTED	DRAWN BY
PATIENT NAME: Last, First MI	CHART #
GENDER: ☐ Male ☐ Female	BIRTH DATE (mm-dd-yyyy) - -
PATIENT ADDRESS: Street and city	
STATE ZIP	PATIENT PHONE ( )

☐ Attachments included for insurance information

***Note, all MVA and WC related labs will be billed to client regardless of insurance**
MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED For Medicare patients with open WC or MVA claims, is this testing related to claims? ☐ ***YES*** ☐ NO

MEDICARE	
MEDICAL ASSISTANCE NUMBER	
INSURANCE CO. NAME or INDICATE SELF-PAY	
POLICY HOLDER'S NAME	RELATIONSHIP OF PATIENT TO INSURED: ☐ Self ☐ Spouse ☐ Dependent ☐ Other
SUBSCRIBER ID #	GROUP #

PROVIDER SIGNATURE	**Dx1**	**Dx2**	**Dx3**	**Dx4**

The Centers for Medicare and Medicaid Services (CMS) regulations and guidelines for accurate billing state that it is necessary for performing laboratories to maintain written documentation of all orders. In order to assure compliance to these CMS regulations and guidelines, we require the ordering physician's signature on this document.

No testing can occur until this completed form is received by Allina Health Laboratory

LAB7303 and LAB12482

CLINICAL INFORMATION & HISTORY

Date of request _____

Specimen source _____

Reason for consult _____

Additional comments _____

ORDERING ENTITY

Ordering entity a hospital? ☐ Yes ☐ No

Note: Hospitals will be billed for all technical charges. Professional charges will be billed to the ordering entity for non-government payors.

Working diagnosis:

ORIGINATING HOSPITAL

Hospital of origin: _____

Street address: _____

City: _____

State: _____

Zip code: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Affix RQ label here