

Clinical Laboratory Requisition

Form section for Patient Information, including Name, Address, City, State, Zip, Sex, Date of Birth, Collection Date, and Referring Physician details.

Form section for Billing Information (Check one) and Diagnosis, including insurance details and diagnosis description.

Please attach a copy of patient's primary & secondary insurance information if available.

Main table listing various laboratory tests categorized into Frequently Ordered Panels, Reproductive Testing, Microbiology/Special/Other Testing, Chemistry Tests, Hematology/Transfusion, Therapeutic Drug Level, 24 Hour Urine, EKG, and Scheduled Tests.

LOCATIONS

WakeMed Raleigh Medical Park

23 Sunnybrook Road
Raleigh, NC 27610

Phone: 919-350-8238

Fax: 919-350-7383

Hours: 7:00am - 5:00pm M-F

WakeMed Medical Park of Cary

210 Ashville Ave, 1st floor
Cary, NC 27518

Phone: 919-350-6022

Fax: 919-350-6026

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed North Healthplex

10000 Falls of Neuse Road
Raleigh, NC 27614

Phone: 919-350-1350

Fax: 919-350-1355

Hours: 8:00am - 4:30pm M-F

WakeMed Apex Healthplex

120 Healthplex Way
Apex, NC 27502

Phone: 919-350-4329

Fax: 919-363-8843

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Garner

400 U.S. Highway 70 East
Garner, NC 27529

Phone: 919-350-9680

Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Brier Creek Healthplex

8001 TW Alexander Drive
Raleigh, NC 27617

Phone: 919-350-9623

Fax: 919-957-1831

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed North Physican Office Pavilion

10010 Falls of Neuse Road
Suite 101

Raleigh, NC 27614

Phone: 919-350-9680

Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

Advance Beneficiary Notice (ABN)

This section for office use only:

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service.

I believe that in your case, Medicare is likely to deny payment for the following {specify test(s)}: _____

_____ for the following reason(s):

Please check one that applies:

Medicare does not pay for tests for screening purposes or routine exams

Medicare does not pay for tests which are for "investigative or research use only"

Medicare does not pay for services for the diagnosis code provided

Medicare allows payment for this procedure only a limited number of times within a specific time period. WakeMed is not aware of other billings for this procedure by other health care providers.

Beneficiary Agreement: I have been notified by my physician / provider that he/ she believes that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated.

CHECK ONE: If Medicare denies payment, I agree to be fully and personally responsible for payment to WakeMed.

I decline to have the test(s).

Date of Service

Patient or Guarantor Signature

Witness