

Pathology Laboratory Phone: (919) 350-8242

			Clinica	I Lal	bora	atory Re	qu	ıis	ition		
							Se		Date of Birt	th Co	ollection Date / Time / Initials
Ę	Name: Last		First			MI	M	F			
natic							Medical Record #:				
Patient Inform	Address: Street or PO Box	R	EQUIRED				ation	Re Ph	ferring ysician: Las (If PA o	at Name	First Name dicate supervising physician in parentheses)
atien	City			5	State	Zip	form		(,	REQUIRED
۵	Phone number		S M Sep D W Marital Status	200	ec. No.		an In		usician's Sign LL Report To		
					ec. No.		/sici		_ □ During	Norma	al Business Hours (9-5)
Billing Information (Check one) Only required when sending samples									☐ Outsid X Report To:		ness Hours (requires Ordering MD approval)
☐ Bill to Medicare No: ☐ Bill Doctor account							sis	[Diagnosis/Sig	ns/Sym	nptoms in ICD-10 Format (Highest Specificity)
□В	ill Patient Insurance		☐ Bill to patient (Address given)				Diagnosis/Signs/Symptoms in ICD-10 Format (Highest Specificity) (Diagnosis must support medical necessity requirements.)				
Insu	rance/Medicare/Medicaid Informat					(Diagnosis must support medical necessity requirements.)					
Clair	ms mailing address:						_ City	/			State Zip
Poli	cy No:		Group No:		_ If g	roup, name of er	mploy	er: _			
Insu	red or responsible party, if other th	nan pa	tient:						Insured	Soc. S	Sec. No.:
Insu	red Date of Birth:										
	For and Order I Bonds		ease attach a copy of pation				suran	ice i	information	if avail	
	Frequently Ordered Panels					ry Tests			OPNO	04454	Therapeutic Drug Level
	asic Metabolic ORNG omprehensive MetabolicORNG		☐ Albumin ☐ Alkaline Phosphatase	ORNG ORNG					ORNG ORNG		Date/Time of Last Dose:
	epatic Function ORNG		□ ALT	ORNG		☐ Rheumatoid	Arthri	itis	ORNG		☐ Carbamazepine (Tegretol®) ORNG 80156
ΠА	cute Hepatitis ORNG	80074	☐ Amylase	ORNG		☐ Rubella IgG	Ab		ORNG	86762	☐ Digoxin (Lanoxin®) ORNG 80162
	•		□ ANA	SST	86038	☐ Sodium☐ Total Protein				84295	☐ Lithium (Eskalith®) ORNG 80178
	lectrolyte ORNG	80051	□ AST	ORNG	84450	☐ Triglycerides				84155 84478	□ Phenobarbital (Luminal®) ORNG 80184
	Reproductive Testing		☐ Bilirubin, Direct	ORNG	82248	□ TSH				84443	□ Phenytoin (Dilantin®) GrNoGel 80186
ПЕ	stradiol ORNG 8	82670	☐ Biliribin, Total	ORNG	82247	☐ T4, Free			ORNG	84439	☐ Theophylline ORNG 80198
	etal Fibronectin SpecKit 8		☐ B-Type Natriuretic Peptide	PEARL		☐ Uric Acid			ORNG		☐ Tobramycin ORNG 80200
	CG, Quantitative ORNG 8	84702	□ BUN			☐ Urinalysis, M				81003	□ Vancomycin ORNG 80202
			☐ Calcium, Ionized	ORNG	02000	□ Urinalysis, M□ Urinalysis, C		-		81015 81001	□ Valproic Acid (Depakote®) ORNG 80164
			☐ Calcium, Total	ORNG		☐ Vitamin B12		CiC	ORNG		
	rogesterone ORNG { rolactin ORNG {		☐ Cholesterol, Total ☐ CK	ORNG ORNG		☐ Vitamin D-25	5 Hydr	roxy			24 Hour Urine
	stosterone ORNG 8	-	☐ Cortisol AM PM	ORNG							☐ Creatinine Urine 82570
□ Se	men Analysis(Raleigh Campus Only) Semen 8	39320	☐ Creatinine	ORNG		Hemato	ology	y/Tr	ansfusion		☐ Creatinine Clearance Urine + ORNG 82575
□Sp	erm Count (Post Vasectomy) Semen 8	39310	□ CRP	ORNG		☐ CBC (No Diff	f)			85027	☐ Total Protein Urine 84156
Mic	robiology/Special/Other Tes	ting	□ Ferritin	ORNG	82728	☐ CBC w/Diff			LAV	85025	Other Date Collected
ุ แล	Strep Throat, Rapid E-Swab 8	37802	□ Folate	ORNG	82746	☐ Hematocrit				85014	Date Collected
		87070	□ GGT	ORNG	82977	☐ Hemoglobin				85018	EKG
		37166 37040	☐ Glucose, Fasting	ORNG		□ Platelet Coul□ PT/INR	nt			85049 85610	☐ EKG (ECG) 93000
□ Fu	ngus Culture Source 8	37102	☐ Glucose, Random	ORNG						85730	Scheduled Tests
	•	37086 87801	☐ Gly-Hgb A1C	LAV	83036	☐ Retic Count				85045	Please see reverse for
		87150	☐ Hepatitis A IgM ☐ Hepatitis B Surface Aq	ORNG ORNG		☐ Sed Rate			LAV	85651	locations and information
	trep Pen Allerg PCR,Genital E-Swab 871		☐ Hepatitis B Surface Ab	ORNG		☐ ABO Group & I	Rh Typ	pe I	PINK 86900/	86901	☐ Glucose Tolerance Test OB Screen
☐ HSV1/2-PCRLesion (HSVLE) UTM Swab 87529X			☐ Hepatitis-HCV	ORNG	86803	☐ Type & Screen					☐ Glucose Tolerance 3 Hour Diagnostic
□HS	V PCR, Blood(HSVPB) LAV 875	29X2	☐ HIV Ab	ORNG	86703	☐ Platelet Antib	•			86022	☐ Diabetes Diagnostic
	V1/2 IgG Spec Ab (HSVGM) SST 86695		☐ Iron	ORNG		☐ Platelet Fund	ction	Stua	•	85576	☐ Therapeutic Blood Donation Cary & North Campuses Only
		86308	☐ Iron w/TIBC	ORNG		□ТСТ			BLUE	85670	outy a rrotut campuses Offiy
	•	86787	□ Lipase □ LDH	ORNG ORNG		☐ Body Flu	id	So	urce:		
		0097U 87324	☐ Magnesium	ORNG		•		Tes	st:		
		86677	☐ Phosphorous	ORNG		□ Other: _					
□Chl	am/Gonor Probe,Genital Aptima Swab	87491, 87591	☐ Potassium	ORNG		Additional N	lotes	s: _			
□Chla	am,Gonor,Trich Probe,Genital Aptima Swab	☐ Prealbumin	ORNG				-				
		1,87661				250 0240 ~	ol f		Form # C	D 04.	7 DEV 10/22 ECH
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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 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 Garner

400 U.S. Highway 70 East

Garner, NC 27529

identified above, for the reasons stated

Phone: 919-350-9680 Fax: 919-661-8413

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

7:30am - 3:30pm F

WakeMed Medical Park of Cary

210 Ashville Ave, 1st floor

Cary, NC 27518

Phone: 919-350-6022 Fax: 919-350-6026

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

7:30am - 3:30pm 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 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 919-661-8413 Fax:

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.

identified above, for the reasons stated.		edicare denies payment, I ag cline to have the test(s).	ree to be fully and personally responsible for payment to WakeMed
Date of Service	Patient or Guaranto	r Signature	

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