

LABORATORY REQUISITION

FOR UIDL USE ONLY: MRN# _____		PATH# _____	
FOR CLIENT USE ONLY: Requisition Date _____		Completed by: _____	
PART A – PATIENT INFORMATION – Required		PART B – PROVIDER INFORMATION – Required	
Patient Last Name: _____		Referring Institution: _____	
Patient First Name: _____		Street: _____	
Street: _____		City: _____	St: _____ Zip: _____
City: _____	St: _____ Zip: _____	Phone: _____	Fax: _____
Phone: _____	Fax: _____	Referring Physician: _____	
Date of Birth: _____		Referring Physician Phone: _____	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			

PART C - SPECIMEN INFORMATION - REQUIRED

DATE OF COLLECTION: _____ **TIME OF COLLECTION:** _____

Required ICD-10 codes: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Specimen Type: Serum Plasma Whole Blood Random Urine 24 hr. Urine –volume: _____

Other (specify): _____

<u>TEST(S) REQUESTED</u>	
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PART D – BILLING – REQUIRED

NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa

On date of collection, was patient: _____ **Admission Date:** _____ **Discharge Date:** _____

Inpatient Outpatient Non-Hospital Patient - Facility name where specimen collected: _____

Bill Client

Email Recipient for Invoicing _____

Name: _____ **Phone:** _____

Bill Insurance **PRE-AUTHORIZATION #:** _____ Required for all out of state cases.

See website for a comprehensive guide to UIDL Billing - https://www.healthcare.uiowa.edu/uidl/site/billing_services/index.html

<u>Primary Insurance Coverage Information</u>			<u>Secondary Insurance Coverage Information</u>		
Insured by: _____			Insured by: _____		
Claims Address: _____			Claims Address: _____		
City: _____	St: _____	Zip: _____	City: _____	St: _____	Zip: _____
Policy/ID #: _____	Group #: _____		Policy/ID #: _____	Group #: _____	
Name of Subscriber: _____		DOB: _____	Name of Subscriber: _____		DOB: _____
Relationship to Patient: _____			Relationship to Patient: _____		

Medicare will only pay for the 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 the Medicare standards, Medicare will deny payment for that service or test.