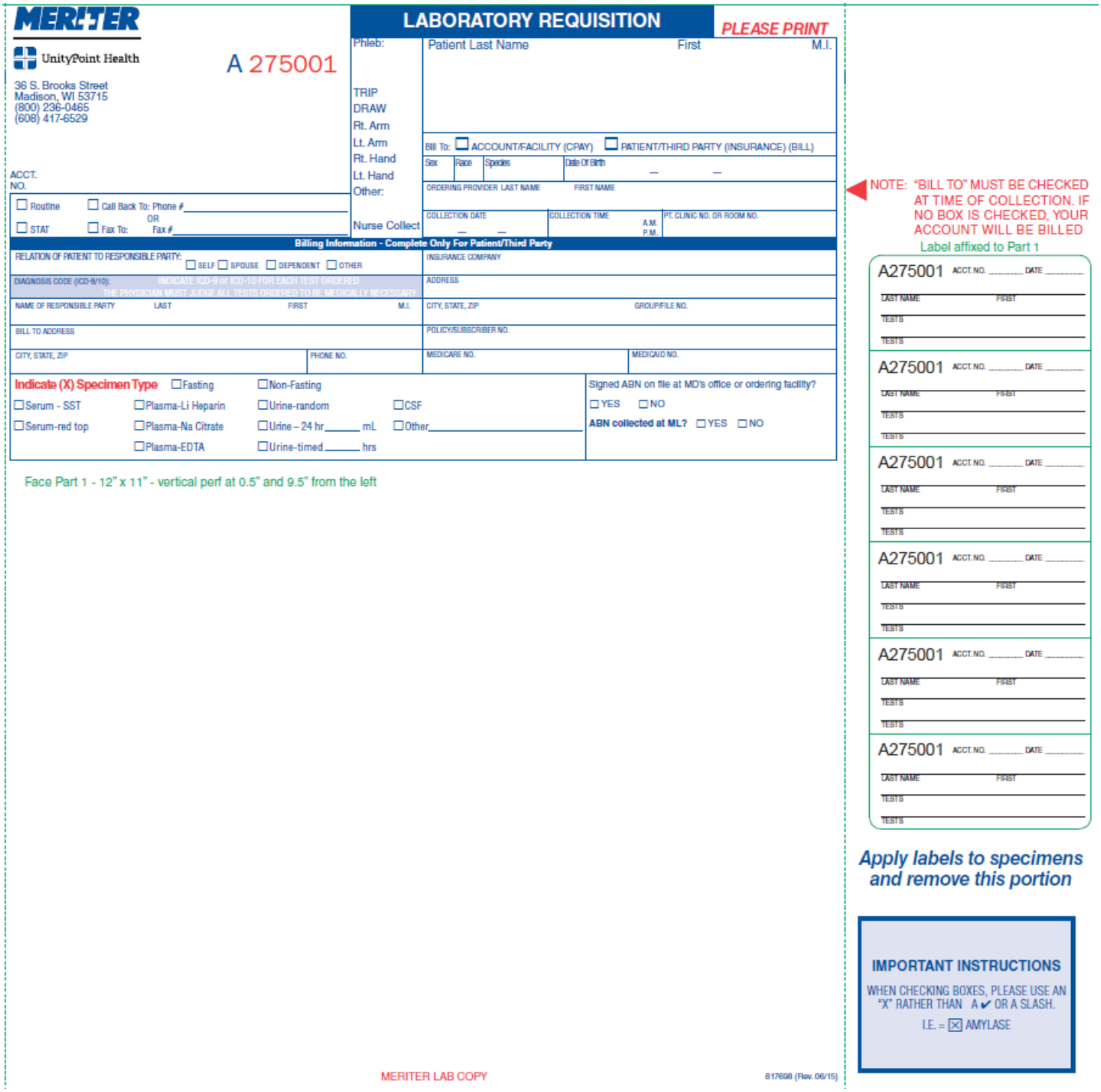
Requisitions, Consent Forms and Billing Information

Client Requisition



MERITER

UnityPoint Health

36 S. Brooks Street
Madison, WI 53715
(800) 236-0465
(608) 417-6529

A 275001

LABORATORY REQUISITION

PLEASE PRINT

Phleb:

TRIP
DRAW
Rt. Arm
Lt. Arm
Rt. Hand
Lt. Hand
Other:

Nurse Collect

Patient Last Name | First | M.I.

Bill To: ☐ ACCOUNT/FACILITY (CPAY) ☐ PATIENT/THIRD PARTY (INSURANCE) (BILL)

Sex | Race | Species | Date Of Birth

ORDERING PROVIDER LAST NAME | FIRST NAME

COLLECTION DATE | COLLECTION TIME A.M. P.M. | PT. CLINIC NO. OR ROOM NO.

ACCT. NO.

☐ Routine ☐ Call Back To: Phone # ☐ STAT ☐ Fax To: Fax # (OR)

Billing Information - Complete Only For Patient/Third Party

RELATION OF PATIENT TO RESPONSIBLE PARTY: ☐ SELF ☐ SPOUSE ☐ DEPENDENT ☐ OTHER

INSURANCE COMPANY

DIAGNOSIS CODE (ICD-9/10): INDICATE ICD-9 or ICD-10 FOR EACH TEST ORDERED
THE PHYSICIAN MUST JUDGE ALL TESTS ORDERED TO BE MEDICALLY NECESSARY

ADDRESS

NAME OF RESPONSIBLE PARTY LAST FIRST M.I.

CITY, STATE, ZIP | GROUP/FILE NO.

BILL TO ADDRESS

POLICY/SUBSCRIBER NO.

CITY, STATE, ZIP | PHONE NO. | MEDICARE NO. | MEDICAID NO.

Indicate (X) Specimen Type ☐ Fasting ☐ Non-Fasting

☐ Serum - SST ☐ Plasma-Li Heparin ☐ Urine-random ☐ CSF

☐ Serum-red top ☐ Plasma-Na Citrate ☐ Urine – 24 hr _____ mL ☐ Other _____

☐ Plasma-EDTA ☐ Urine-timed _____ hrs

Signed ABN on file at MD's office or ordering facility?

☐ YES ☐ NO

ABN collected at ML? ☐ YES ☐ NO

Face Part 1 - 12" x 11" - vertical perf at 0.5" and 9.5" from the left

MERITER LAB COPY

817698 (Rev. 06/15)

NOTE: "BILL TO" MUST BE CHECKED AT TIME OF COLLECTION. IF NO BOX IS CHECKED, YOUR ACCOUNT WILL BE BILLED

Label affixed to Part 1

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

A275001 ACCT.NO. _____ DATE _____
LAST NAME FIRST
TESTS
TESTS

Apply labels to specimens and remove this portion

IMPORTANT INSTRUCTIONS

WHEN CHECKING BOXES, PLEASE USE AN "X" RATHER THAN A ✔ OR A SLASH.

I.E. = ☒ AMYLASE

Histopathology Requisition (Front)

MERITER Laboratories

Meriter Laboratories
36 S. Brooks Street
Madison, WI 53715
(800) 236-0465 • (608) 417-6529

HISTOPATHOLOGY REQUISITION

A13699
Requisition No.

PLEASE PRINT
PRESS HARD

Acct. No.

Meriter Specimen No. (Meriter Use Only)

Patient Name (Last) (First) (MI)

Date of Birth - -

Sex

Collection Date - -

Collection Time AM PM

Time tissue place in formalin

Ordering Physician (Last, First, Middle Initial) NPI #

Send Copy of Result to: (Last, First, Middle Initial) NPI #

Send Copy of Result to: (Last, First, Middle Initial) NPI #

BILLING INFORMATION - MUST COMPLETE AT TIME OF SPECIMEN COLLECTION

Bill: ☐ Our Account ☐ Patient or Third Party

Relation of Patient to Responsible Party: ☐ Self ☐ Spouse ☐ Dependent

Insurance Co.

Name of Responsible Party (last, first, M)

Address

Address

City State Zip

City State Zip Phone No. ( )

Policy/Subscriber No.

Group/File No.

Medicare No. ☐ Primary ☐ Secondary

Medicaid No.

Specimen & Location

Clinical Diagnosis/Post-Operative Diagnosis/Previous Relevant Biopsy/Cytology Result

ICD-9 Code* _____

*Required by Insurance Carriers
(Examples on back of requisition)

MERITER USE ONLY

TIME ARRIVED _____

TIME DIAGNOSIS CALLED _____

FS/FNA Diagnosis

Pathologist:

A13699

MERITER LAB COPY

811587 REV 06/11

Histopathology Requisition (Back)

SURGICAL PATHOLOGY - UNSPECIFIED DIAGNOSIS (REFER TO YOUR ICD-9 BOOK FOR ADDITIONAL CODES)

DERMATOLOGY

702.0	Actinic Keratosis	702.19	Seborrheic Keratosis, NOS	686.9	Skin local infection, unspec
701.9	Atrophic conditions of skin, unspec	216.9	Skin, benign neopl site unspec	215.9	Soft tissue, benign neopl site unspec
232.9	Basal Cell Carcinoma	232.9	Skin, Ca in situ site unspec	709.9	Subcutaneous tissue, unsp disorder
215.9	Connective tissue, benign neopl site unsp	172.9	Skin, malign melanoma site unspec	686.9	Subcutaneous tissue local infect, unspec
701.9	Hypertrophic conditions of skin, unspec	173.9	Skin, malign neopl site unspec	707.9	Ulcer-chronic, site unspec
698.9	Pruritic disorder, unspec	709.9	Skin, unspecified disorder		

EAR, NOSE, AND THROAT

474.9	Adenoids-chronic disease, unspec	144.9	Mouth floor, malign neopl unspec	473.9	Sinusitis-chronic, unspecified
523.1	Gingivitis chronic	471.9	Nasal polyp, unspecified	245.9	Thyroiditis, unspecified
240.9	Goiter, unspec	147.9	Nasopharynx, malign neopl unspec	246.9	Thyroid-disorder of, unspecified
526.9	Jaws, unspec disease of	146.9	Oropharynx, malign neopl unspec	141.9	Tongue, malign neopl unspec
161.9	Larynx, malign neopl unspec	523.9	Peridontal disease, unspec	529.9	Tongue, unspec condition of
478.70	Larynx, unspec disease of	149.0	Pharynx, malign neopl unspec	474.9	Tonsils-chronic disease, unspec
230.0	Lip/Oral Cavity/Pharynx, Ca in situ	142.9	Salivary Gland, malign neopl unspec	520.9	Tooth Development, unspec disorder of
140.9	Lip/vermillion border, malign neopl unsp	527.9	Salivary Glands, unspec disease of	520.9	Tooth Eruption, unspec disorder of
145.9	Mouth, malign neopl unspec	461.9	Sinusitis-acute, unspecified		

GASTROENTEROLOGY

154.3	Anus, malign neopl unspec	530.9	Esophagus, unspec disorder	157.9	Pancreas, malign neopl part unspec
156.9	Biliary tract, malign neopl part unspec	150.0	Intestinal tract, malign neopl part unspec	152.9	Small intestine, malign neopl unspec
153.9	Colon, malign neopl unspec	569.9	Intestine, unspec disorder	151.9	Stomach, malign neopl unspec
537.9	Duodenum unspec disorder	155.2	Liver, malign neopl	537.9	Stomach, unspec disorder
150.9	Esophagus, malign neopl unspec	573.9	Liver, unspec disorder		

GENERAL SURGERY

255.9	Adrenal glands, unspec disorder	728.9	Fascia disorder, unspec	252.9	Parathyroid gland, unspec disorder
541	Appendicitis, unqualified	575.9	Gallbladder, unspec disorder	163.9	Pleura, malign neopl unspec
213.9	Articular cartilage, benign neopl site unspec	455.6	Hemorrhoids w/o complications, unspec	519.9	Respiratory system, unspec disease
213.9	Bone, benign neopl site unspec	533.9	Hernia of abd. cavity w/o obstruction	229.9	Site unspec, benign neopl
733.90	Bone disorder, unspec	719.90	Joint disorder, unspec	234.9	Site unspec, Ca in situ
233.0	Breast, Ca in situ	728.9	Ligament disorder unspec	216.9	Skin, benign neopl site unspec
611.9	Breast disorder, unspec	214.9	Lipoma, site unspecified	215.9	Soft tissue, benign neopl site unsp
174.9	Breast(female), malign neopl unspec	162.9	Lung/Bronchus, malign neopl unspec	171.9	Soft tissue, malign neopl site unspec
727.9	Bursa, disorder, unspec	457.9	Lymphatic channels, unsp noninfect disord	727.9	Synovium disorder, unspec
733.90	Cartilage disorder, unspec	164.9	Mediastinum, malign neopl part unspec	727.9	Tendon disorder, unspec
215.9	Connective tissue, benign neopl site unsp	728.9	Muscle disorder, unspec	171.7	Trunk, malign neopl unspec
171.9	Connective tissue, malign neopl site unsp	577.9	Pancreas, unspec disease		

OB/GYN

626.9	Abnormal bleeding disorder, unspec	221.9	Genital organ (F), benign neopl site unspec	656.90	Placental problem unspec
795.00	Abnormal Pap	233.30	Genital organ (F), Ca in situ site unspec	627.9	Post menopausal disorder, unspec
616.9	Cervix, unspec inflammatory disease	184.9	Genital organ (F), malign neopl site unspec	219.9	Uterus, benign neopl part unspec
622.9	Cervix, unspec noninflammatory disorder	239.5	Genitourinary organs, neoplasm	179	Uterus, malign neopl part unspec
		627.9	Menopausal disorder, unspec	621.9	Uterus, unspecified disorders
617.9	Endometriosis, site unspec	626.9	Menstruation disorders, unspec	616.9	Vagina, unspec inflammatory disease
620.9	Fallopian tube, noninflammatory disorder	620.9	Ovary, unspec noninflammatory disorder	623.9	Vagina, unsp noninflammatory disorders
656.90	Fetal problem, unspec	614.9	Pelvic organs & tiss, inflammatory dis unsp	184.4	Vulva, malign neopl unspec
629.9	Genital organs, unspec disorder	624.9	Perineum, unsp noninflammatory disorders	616.9	Vulva, unspec inflammatory disease
625.9	Genital organs, unspec symptom	158.9	Peritoneum, malign neopl unspec	624.9	Vulva, unspec noninflammatory disorder

UROLOGY

188.9	Bladder, malign neopl part unsp	593.9	Kidney disorder, unspec	257.9	Testicular dysfunction, unspec
596.9	Bladder disorder, unspec	606.9	Male infertility, unspec	593.9	Ureter disorder, unspec
608.9	Genital organs(M) disorder, unspec	187.4	Penis, malign neopl part unspec	592.9	Urinary calculus, unspec
222.9	Genital organ(M), benign neopl site unsp	607.9	Penis disorder, unspec	223.9	Urinary organ, benign neopl site unspec
187.9	Genital organ(M), malign neopl site unsp	602.9	Prostate disorder, unspec	233.9	Urinary organs unspec, Ca in situ
233.6	Genital organ(M), unspec, Ca in Site				

Patient Glucose Meter/Laboratory Correlation

UnityPoint-Meriter Laboratories
36 S. Brooks St.
Madison WI 53715

Patient Information:
(chip or Lab label)

Patient Glucose Meter/Laboratory Correlation

Instructions for Clinic/Floor:

1. Order Epic **test 492073.**
2. **Patient should not have eaten, dosed or been given insulin within 2 hours of this test being performed.**
3. Inpatient orders will be drawn by Inpatient Phlebotomy in the patient's room.
4. All other patients should be sent to 2 Center Lab with an OB chart label for patient identification.

Instructions for Phlebotomy staff:

1. LIS will print two labels for "GLMTR" test. Phlebotomy staff will then fill out a Glucose Meter Correlation Sheet and attach one of the SOFT labels to the area in the upper right hand corner of the form.
2. Collect one Lithium Heparin plasma blood specimen.
3. Direct the patient to immediately (within 5 minutes of lab draw) perform a glucose test using their **personal** blood glucose meter.
4. Fill in the patient fingerstick glucose result from their **personal** blood glucose meter on the form while still with the patient.
5. Mark test as collected in the lab computer.
6. Send the Lithium Heparin tube along with this paperwork to the laboratory

Test Information: (*Phlebotomist staff- fill out)*

ML Order Number:_____**(or put on small sticker of lab label)**

Collection Date: _____

Collection Time: _____

*****Patients Meter Result: _____***