



Mobile Lab Services Request Form

Phone: 561-279-1852

Fax: 561-279-1853

www.apexlabinc.com

800 NW 17th Ave #B Delray Beach, FL 33445

Patient Demographics:

Patient MRN (if applicable) #: _____ DOB: ____/____/____

Patient Last Name: _____ First Name: _____ Sex: Male: [] Female: []

Ordering Provider(s) Information: Account#: _____

Address: _____ Apt: _____

Physician Group/Healthcare Agency/Facility Name (if applicable): _____

City: _____ State: _____ Zip: _____

Physician Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Suite: _____

Alternate Contact: (Name and Phone#) _____

City: _____ State: _____ Zip: _____

Insurance Information:

Phone: _____ Fax: _____

[] Medicare #: _____ [] Bill Agency: _____

NPI: _____

[] Other: _____ [] Bill Patient: _____

CC: Results to additional Doctor/Pharmacy: (Name and Fax#) _____

Plan: _____ Member ID: _____ Policy Holder Name and Relationship (If not Patient): _____

Test Information:

Table with 2 columns: Test(s), Diagnosis and/or ICD-10 Code. Rows 1-10 and Misc.

- **Helpful Hints*
- Schedule visits online and view results by logging into your LabLogix Provider Portal account at: www.apexlabinc.com
- To prevent delays in scheduling please remember the following:
 - Be sure that this form is COMPLETELY filled out
 - Include Room/Apartment numbers
 - A diagnosis is REQUIRED for all requested test(s)
 - Fax orders no later than 3pm the day before the visit is needed

Order/Visit Frequency:

One Time Orders
[] One Time Only On ____/____/____

Standing Orders
Frequency
[] Weekly ____ x per week [] Every Other Week
[] Monthly- every ____ month(s) [] Other _____

START DATE: ____/____/____ End Date/Duration *REQUIRED*
[] 1 Month [] 3 Months [] 6 Months
[] Other _____

Day(s) of the Week:
[] Mon [] Tues [] Wed [] Thur [] Fri

- HELP WITH ICD 10 CODES
- Visit us online at www.apexlabinc.com
- Click on the "Help with ICD-10 Codes" link
- Search common ICD9- to ICD-10 translations
- Search ICD-10 codes by name
- Find valid ICD-10 codes for Limited Coverage Tests
- LCTs: C+S, HgbA1c, PT/INR, Lipids, Thyroid Studies etc.

- 1. Medically Necessary Home Visits - By sending this request, the ordering physician is certifying that the patient is homebound and that both the home visit and the lab test(s) that are being ordered are medically necessary
2. Patient Billable Home Visit - [] For home visits that are NOT "Medically Necessary", LabFly/Northwell Health Labs will still perform the visit and testing. Testing will be billed to the insurance provided and the \$25 travel charge (subject to change) will be billed to the patient. Circle and check above if the patient is NOT homebound and should be billed the \$25 Travel charge.
3. ICD-10 Diagnosis Codes - Medicare requires a diagnosis for every test ordered and a specific diagnosis for certain tests categorized as "Medicare Limited Coverage Tests".
4. LabFly Mobile Services - Formerly Apex Laboratory of South Florida is a division of Northwell Health Labs



THIS ORDER IS FOR A MEDICALLY NECESSARY HOME OR FACILITY VISIT (See 1 to Right)

If this home visit is NOT MEDICALLY NECESSARY (see 2 to Right)