



Patient Demographics:

Patient SSN#: _____ DOB: ____/____/____

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

Ordering Provider(s) Information:

Account#: _____

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

Physician Last Name: _____ First Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

NPI: _____

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

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: (Name and Phone#)

Insurance Information:

Medicare #: _____ Bill Agency: _____

Other: _____ Bill Patient: _____

Plan: _____

Member ID: _____

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

Test Information:

| Test(s): | Diagnosis and/or ICD-10 Code |
|----------|------------------------------|
| 1 | |
| 2 | |
| 3 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| Misc.: | |
| | |
| | |

****Helpful Hints****

- Schedule visits online and view results by logging into your 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 5pm** 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: ____/____/____

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
- (PT/INR, Lipids, Thyroid Studies etc.)

- 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
- Patient Billable Home Visit** – For the patients that are not categorized as homebound, but request a phlebotomist come to their home, Apex Northwell will bill them \$25.00 (subject to change) for the home visit and charge their insurance carrier for the draw and the test(s).
- 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". Without an appropriate diagnosis code (a narrative is acceptable), Medicare will not pay for the test(s), and we will not schedule these test(s).

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

If the home visit is NOT Medically Necessary, check this box to indicate that the patient should be billed for the home visit