



Mobile Lab Services Request Form

Mobile Lab Services
New York Metro Division

Phone: 631-753-3900

Fax: 631-753-3910

110 Central Ave
Farmingdale, NY 11735

www.MyLabLogix.com

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#)

Patient Demographics:

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

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

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 LabLogix Provider Portal account at: 
 - www.MyLabLogix.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:

____/____/____

DURATION (**REQUIRED**)

1 Month 3 Months 6 Months

Other _____

Day(s) of the Week:

Mon Tues Wed Thur Fri



- Visit the LabLogix portal at www.MyLabLogix.com
- Schedule home visits and renew orders

- View realtime visit status updates
- View results and much more
- Email IS-LabLogix@northwell.edu to learn more

- 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, Northwell will bill them \$27.99 (subject to change) for the home visit and charge their insurance carrier for the draw and the test(s). Circle/Check above if the patient is NOT homebound and be billed the home visit.
- ICD-10 Diagnosis Codes Required** – Medicare requires a diagnosis for every test ordered and a specific diagnosis for certain tests categorized as “Medicare Limited Coverage Tests”. Please provide an appropriate diagnosis code (a narrative is acceptable).

THIS ORDER IS FOR A MEDICALLY NECESSARY HOME VISIT
(See 1 to Left)

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