

COVID-19 FAX Requisition (Approved 8-5-20_VER_2.5)

PATIENT NO.		YNHHS CLINICAL LAB REQUEST		FOR YNHHS LAB USE ONLY	
PATIENT LAST NAME		PATIENT FULL FIRST NAME		YNHHS LAB ACC. #	
PATIENT DATE OF BIRTH		LEGAL SEX		LOGGED IN BY:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		PROCESSED BY:	
PATIENT STREET ADDRESS		<p align="center">**The QUICKEST way to have patients scheduled is by entering the test order in Epic**</p> <p align="center">PRINT LEGIBLY TO AVOID DELAYS IN TESTING</p>			
PATIENT CITY STATE ZIP					
PATIENT TELEPHONE					
DIAGNOSIS (REQUIRED)					
ORDERING PROVIDER NAME (Please PRINT legibly)		<input type="checkbox"/> SARS CoV-2 (COVID-19) RNA - YNHHS Labs (BH GH LMW YH) [LAB10813]			
SEND REPORT TO (Hospital, Clinic, Physician - Please PRINT legibly)		<input type="checkbox"/> SARS CoV-2 (COVID-19) RNA – YNHHS LABS (Patient Scheduled for Surgery/Procedure) (BH GH LMW YH) [LAB10827]			
PROVIDER TELEPHONE #		<input type="checkbox"/> SARS CoV-2 (COVID-19)/INFLUENZA A+B (BH GH LMW Q YH) [LAB11019]			
PROVIDER FAX#		<p>**Required for appointment to be scheduled:**</p> <p>Symptomatic?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROVIDER NPI #		<p>Healthcare worker?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO			
PATIENT INSURANCE NAME/ADDRESS		<p>Pre-procedure?</p> <input type="checkbox"/> YES Date of procedure _____ Specify procedure _____			
INSURANCE ID		<p><input type="checkbox"/> NO</p>			
INSURANCE GROUP NUMBER		<p align="center">MEDICARE BILLING INFORMATION</p> <p>Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending location.</p> <p align="center">MEDICAL NECESSITY INFORMATION</p> <p>When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.</p>			