

**Instructions for Completing**  
**A Pocono Medical Center General Laboratory**  
**Requisition**  
**FORM # 2194 FA023**

(PLEASE REFER TO SURGICAL PATHOLOGY, CYTOLOGY AND GYNECOLOGY REQUISITION  
PAGE FOR SPECIFIC INSTRUCTIONS)

1. Collect date and time specimen is collected.
2. Billing type – check appropriate box for who is to be billed
3. Check type of priority and any special request for result reporting (use any combination of the following options)
  - OPTION 1: write phone number where results are called
  - OPTION 2: write fax number where results are faxed
  - OPTION 3: write name of physician-authorized party to receive copy of patient's results
4. Print name – last name, first name and middle initial
5. Fill in Medical Record number from previous report (optional)
6. Sex (M – male; F – female)
7. Date of birth from patient's chart
8. Patient's Social security number
9. SIGNATURE REQUIRED
  - OPTION 1: physician or physician's authorized representative
  - OPTION 2: physician's signature required for MEDICAID PATIENTS
10. Print physician's or provider's name
11. ***\*Insurance card holder's name***
12. Spouse/self/guardian/parent
13. Telephone number where patient can be reached by physician with critical values
14. Patient's address
15. Diagnosis/ signs or symptoms in ICD-9 format to support all tests ordered – code to highest level of specificity (Mandatory)
16. ***\*Medicare beneficiary number***
17. ***\*Medicaid number***
18. ***\*Medicaid beneficiary's state***
19. ***\*BC/BS number (including Group or Employer Number)***
20. ***\*Other third party insurance name, address and number***
21. Place a dark check beside the test(s) being ordered
22. Corresponding ICD-9 code for test checked (coded to the highest level)
23. Source for culture (Mandatory for all cultures)
24. Write in all other tests not listed on requisition
25. Write in special instructions and/or list more tests
26. Write the **total number of tests** ordered for the patient
27. Specimen labels – (last name, first name) peel off and affix to tube(s)

***\* If a copy of the front and back of the insurance card or some other document containing attached to requisition, you need not complete this field.***

Pocono Medical Group & Nephrology Center  
206 EAST BROWN ST.  
EAST STRROUNDSBURG, PA 18001  
(570) 476-3389

# LABORATORY TEST REQUISITION

No. 16130

## BILLING

- OFFICE/UNRISING HOME
- ABN SIGNED (on reverse) Pg.1
- MSP (on reverse) Pg.2

## PRIORITY

- STAT
- ROUTINE
- CALL TO:
- FAX TO:
- COPY TO:

PATIENT NAME: 16130  
PATIENT NAME: 16130

PATIENT NAME: 16130  
PATIENT NAME: 16130

SHADED AREA INFORMATION IS REQUIRED TO COMPLETE TESTS ORDERED (PLEASE PRINT OR ATTACH)

PATIENT'S NAME: LAST, FIRST, MIDDLE I. MEDICAL RECORD #

Pocono Medical Group & Nephrology Center  
Dr. Peter J. Casale / 1078  
447 Office Plaza  
100 Plaza C., Suite A  
East Stroudsburg, PA 18001  
Phone: (570) 421-7292  
Fax: (570) 421-3851

PHYSICIAN'S AUTHORIZED REP: \_\_\_\_\_ MEDICARD REQUIRES PHYSICIAN'S SIGNATURE

Physician Name: Casale, Peter J.  
Telephone #

RESPONSIBLE PARTY/POLICY HOLDER: \_\_\_\_\_ RELATIONSHIP TO PATIENT

City, STATE, ZIP

PATIENT ADDRESS (UNLESS OFFICE WILL BE BILLED): \_\_\_\_\_

MEDICARE #  PRIMARY  SECONDARY MEDICAID #  PRIMARY  SECONDARY OTHER INS  PRIMARY  SECONDARY

SPECIAL INSTRUCTIONS / MORE TESTS:

TOTAL # OF TESTS ORDERED: 3 REQ PROCESSED BY: 4

NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an illness, injury or condition, or for tests for which documentation, including the patient's report, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized third parties consider the tests appropriate for the patient.

CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code	CPT Code	ICD-9 Code
80048	86120	80071	86120	80050	86120	80050	86120	80050	86120	80050	86120	80050	86120	80050	86120	80050	86120
Profile	Basic Metabolic Panel	Active Hepatitis Panel	Hepatitis A antibody, IGM	Blood Bank	TBB, IR	Hemoglobin A1C	Iron	Hemoglobin A1C	Iron	Hemoglobin A1C	Iron	Hemoglobin A1C	Iron	Hemoglobin A1C	Iron	Hemoglobin A1C	Iron
80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048
Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel	Basic Metabolic Panel
80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048
80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048	80048

CODES: LG = LIGHT GREEN TOP R = RED TOP P = PURPLE TOP B = BLUE TOP BB = BLOOD BANK PURPLE TOP SC = SPECIMEN CUP UC = 24 HR URINE COLLECTION CONTAINER S = STOOL U = URINE  
2194 FA023 (REV. 8/02-B)  
LABORATORY