



Indiana University Health

**Indiana University Health Pathology Laboratory (IUHPL)
Indianapolis, Indiana 46202-4108**

Add on tests Change to original order Original Order

The Code of Federal Regulations requires Laboratories to be able to provide a written and Legally authorized request for service for all tests and services that are billed to Government Funded health care programs. The Indiana State Code requires that all requests for tests and Services be authenticated by written or electronic signature of the ordering physician.

Request must be received by Lab within 48 hrs

PATIENT'S NAME _____	
<i>Last</i>	<i>First</i> <i>Middle initial</i>
Patient's ID No. _____	or S.S. No. _____ DOB _____
Tests or Service Requested	Diagnosis/ICD-9 code/Indications
_____	_____
_____	_____
_____	_____
_____	_____
Ordered by _____	
_____	_____
<i>Signature</i>	<i>date</i>
.....	
<u>If this patient is a Medicare/Medicaid/Government Funded Health Care Patient :</u>	
1. Please supply the above requested diagnosis, or ICD-9-CM code(s), or Indication for test	
2. If any of these tests are routine screening tests for preventative health care, then it is likely that Medicare/Medicaid will not consider them as medically necessary, and will deny payment for these tests. An ABN (Advanced Beneficiary Notice) should be sent to the Laboratory for any such tests.	
ABN FORM CAN BE OBTAINED FROM CSRs -Tel. No. (317) 962-8651 -English or Spanish	

FAX COMPLETED FORM TO

Fax No. _____