NATIONAL DIAGNOSTICS LAB

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Patient Last Name:	First:	Middle Initial:	Medicare #: Please sign and attach ABN form on the back.
Sex: ☐ M ☐ F	Date of Birth: / /	Social Security #:	Medicaid #:
Patient Address:	City:	State:	Zip Code: / Phone #:
Secondary Insurance:		BILL TO: ☐ Physician ☐ Patient ☐ Medicare ☐ Medicaid ☐ Insurance	
Name of Insurance / HMO / PPO		Insurance or I.D. # Group #:	
Diagnosis (ICD-9 Codes):		Date Collected:	Time of Collection:

☐ Gel Top ☐ Lavender ☐ Blue ☐ Red ☐ Green ☐ Other ☐ Serum ☐ Urine ☐ Anaerobic Cult

☐ GENERAL HEALTH PROFILE:	☐ GENERAL HEALTH PROFILE:	☐ ARTHRITIS PROFILE:	☐ FEMALE HORMONES PROFILE:	☐ KIDNEY PROFILE:
(Male) CBC, CMP, Lipid, Fe, TIBC, Mag, CK Tot, PSA, Ferritin, T3, FT4, TSH, B 12/FOL, ASO, CRP, RA, ANA, ESR, H.Pylon, U/A, HCV, HBSAg, Vit-D	(Female) CBC, CMP, Lipid, Fe, TIBC, Mag, CK Tot, Ferritin, T3, FT4, TSH, B 12/FOL, ASO CRP, RA, ANA, ESR, H.Pylon, U/A, HCV, HBSAg, Vit-D	CMP, Lipid, Fo, TIBC, Uric Acid, Ferritin, CBC, T3, FT4M, TSH, ASO, CRP, RA, ANA, HBSAg, U/A, ESR, RETIC COUNT	CMP, Lipid, Fe, CBC, T3, T4, TSH, Ferritin, LHm FSH, Profact., Progest, Cort, Estrad, B-HCG, HBSAg	CMP, LIPID, RETIC CT, U/A, ASO, CRP, U/CS, ESR, Cortisol, MAG
☐ PRENATAL PROFILE:	☐ DIABETIC PROFILE:	☐ CARDIAC PROFILE:	☐ HEPATITIS/LIVER PROFILE:	☐ ANEMIA PROFILE:
CMP, Lipid, Fe, Ferritin, CBC, T3, T4, TSH, ASORh, RPR, Rub, B-HCG, HIV HBSAg, GC/CHAI, MYDIA, GlycoGemoglobin, U/A	CMP, Lipid, Fe, Ferritin, CBC, T3, T4, TSH, ASO, CRP, RA, ANA, HBSAg, U/A, Glyco, Microalbumin (Urine), Cortisol, RETIC COUNT	CMP, Lipid, Fe, TIBC, CRP, Ferritin, CBC, T3, T4, TSH, ASO, RA, ANA, HBSAg, Cort, BNP,CK Total, MAG, RETIC COUNT, U/A	CMP, Lipid, Fe, TIBC, CBC, T3, T4, TSH, ASO, CRP, RAM ANA, U/A, CORT, HBSAb, HBSAg, HCV-AB, HAVab, FER, AMY, LIPASE, PT, APIT	CMP, Lipid, Fe, TIBC, Ferritin, CBC, T3, T4, TSH, B12/FOL, ASO, CRP, RA, ANA HBSAg, G6PD, RETIC, CT, H, Pylori, U/A

	BMP	S	001		ABO/RH	P,L	019		GLY-HB A1	L	037		RPR	S	055		EAR CULTURE	Sw
	CMP	S	002		AMYLASE	S	020		HCV-AB	S	038		RUBELLA IGg	S	056		EYE CULTURE	Sw
	ELECTROLYTES	S	003		ANA	S	021		HBSAG/HBSAb	S	039		SED RATE (ESR)	L	057		VAGINAL CULTURE Gp B Screen	Sw
	LIPID PANEL	S	004		ANTBODY SCREEN	S	022		HIVL&II	S	040		H-PYLORI	S	058		GENITAL CULTURE G	Sw
	RENAL PANEL	S	005		ASO	S	023		VALPORIC ACID	S	041		TEGRETOL	S	059		URINE CULTURE	U
	THYROID SCRN	S	006		BNP	L	024		IRON/TIBC	S	042		TESTOSTERONE	S	060		Streptococcus GRP A or GRP B	Sw
	STD SCRN, L.S.Sw,	U	007		B-HCG QUALIT	U	025		FERRI TIN	S	043		TT3 0R	S	061		CHLAMYDIA/GC (DNA PRB)	U
	HEPTIC FUN.PANEL	S	008		B-HCG QUANT	S	026		LIPASE	S	044		TT4 0R	S	062		THROAT B-STREP	Sw
	HEALTH SCREEN S,	L	009		CBC DIFF	L	027		MAGNESIUM	S	045		TSH	S	063		STOOL, Cuture	S
			010		RETIC	S	028		MICROALBUMIN	U	046		URIC ACID	S	064		Stool, OVA & PARASITES	S
			011		CREATININE	S	029		MONOTEST	S	047		URINALYSIS	U	065		VAGINAL SCREEN DNA	Sw
			012		CRP	S	030		PHENOBARBITAL	R	048		VITAMIN B12	S	066		Trichomonas Vaginalls, Gardnerella, vaginalis, Candida Aps	
			013		DIFOXIN	R	031		PROGESTRONE	S	049		VIT D 25 HYDROXY	S	067		WPUND. SUPERF CS	Sw
			014		DILANTIN	R	032		PROLACTIN	S	050		CHECK MARK ONLY (CYTOLOGY)				CHECK MARK ONLY (GYN CYTOLOGY)	
			015		ESTRADIOL	S	033		TOTAL PSA	S	051		FNA, source				PAF SMEAR	
			016		FOLIC ACID	S	034		PT w/ INR	B	052		SPUTUM				THIN PREP	
			017		FSH OR LH	S	035		PTT	B	053		URINE				ABN PAP/Biopsy	
			018		GLUCOSE FBS	G	036		PTH-INTACT	L,S	054		NIPPLE DISCHARGE				Pregnant/Postpartum	

OTHER TESTS / INSTRUCTIONS:

REMARKS:

Physician or Authorized Person Name

TEST PANEL POLICY

National Diagnostics Labs' policy is to provide physicians who wish to order testing combinations the flexibility to choose appropriate tests. A set of well-recognized panels and profiles is offered that does not distance the physician from making decisions regarding which test is medically necessary. All tests in the panels may be ordered individually, and when ordered as a panel. If the test combination shown below does not meet your individual's needs, we'll gladly customize another panel for you.

ELECTROLYTYES: Na, K, Cl, CO2	**THYROID SCREEN:** T3, T4, TSH
COMPREHENSIVE METABOLIC (CHEM 14): Na, K, Cl, CO2, BUN, Creat, GLU, ALB, PHOSPATE, Ca, AST, ALT, TBilli, TProtein	**HEALTH SCREEN:** CBC, CMP, LIPID, TSH
BASIC METABLIC: Na, K, Cl, CO2, BUN, Creat, GLU	**HEPATITIS ACUTE:** HBSAg, HAVAB, HCV-AB, HBSAb
LIPID: Total Cholestrol, HDL, Triglycerides, LDL, VLDL	**STD SCREEN:** HIV, RPR, HERPES TYPE 1&2, GC/CHALMYDIA, CBC
RENAL: Na, K, Cl, CO2, BUN, Creat, GLU, ALB, Ca	**URINALYSIS:** DIP STICK
HEPATIC FUNCTION PANEL: T.BIL, D.BIL, ALT, AST, ALK PHOS	

Medicare will only pay for service that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If medicare determines that a particular service is not reasonable and nessary under medicare program standards, Medicare will deny payment for that service.

I have been notified by my physician/provider that in my case, Medicare is likely to deny payments for this test(s):

_____ for the following reason:

- ☐ Medicare usually does not pay for this service for the provided diagnosis.
- ☐ Medicare does not pay for tests that do not have FDA approval (investigational use).
- ☐ Medicare usually does not pay for this many services for my condition.
- ☐ Other _____

IF YOU AGREE, PLEASE SIGN _____ SIGNATURE

DIAGNOSIS CODES:

☐ Abdominal Pain	78900	☐ Epilepsy	34590	☐ Liver Diseae	6264	☐ Rhinitis Allergy	4779
☐ Abortion	63590	☐ Fatigue	78079	☐ Menopause Syn	2777	☐ Rhinoplasty	7385
☐ Amenorrhea	6260	☐ Fever	7806	☐ Menstrual Irreg.	1991	☐ Seizure Disorder	78039
☐ Anemia	2859	☐ Gastritis	53550	☐ Metabolic Syn.	27800	☐ Sinusitis	4619
☐ Angina	4139	☐ Gonorrhea	0980	☐ Neoplasm	3890	☐ Strep Throat	463
☐ Arthritis	71690	☐ Gout	2749	☐ Obesity	27800	☐ Thrombophlebitis	4519
☐ Asthma	49390	☐ Hammer Toe	7354	☐ Otitis	3829	☐ Thyroid Dysfn.	2456
☐ Bursitis	7273	☐ Headache	7840	☐ Peripheral	4439	☐ Tubal Ligation	V259
☐ Chest Pain	78650	☐ Hemorrhoids	4552	☐ Vascular Disease		☐ Ulcer Peptic	53390
☐ CHF	4280	☐ Hepatitis	5733	☐ Pharangytis	462	☐ UTI	5990
☐ Cystitis	5950	☐ Hyperlipidemia	24290	☐ PID	6419	☐ Vaginitis	61610
☐ Depression	311	☐ Hypertention	2449	☐ Pneumonia	4829	☐ Varicose Veins	4541
☐ Dermatitis	6929	☐ Heperthyroidism	5939	☐ Pregnancy	V222	☐ Vasectomy	V252
☐ Diabetes	2500	☐ Hypothyroidism	5739	☐ Prostitis	5019	☐	
☐ Diarrhea	5589	☐ Kidney Disease	6272	☐ Rheum. Arthritis	7140	☐	

FOR LAB USE ONLY: