

COMPLETING THE REQUEST FORM

Billing Information

Please attach a copy of the front and back of the patient's insurance card with the requisition and provide the patient's complete billing address, phone number, and Medicare number in the billing information box on the RML test requisition form when Medicare is to be billed. Also, we ask that an appropriate ICD-9 code be supplied by the ordering physician and a completed and signed Advanced Beneficiary Notice (ABN) accompany the patient's test request. For questions regarding ICD-9 coding and/or other issues concerning Medicare, please contact our billing department or refer to the Oklahoma/New Mexico Medicare website at <http://www.oknmmedicare.com>. Valid ABN forms are available at no charge to our clients and can be obtained by calling RML Client Services at (918) 744-2500, option 3, or (800) 722-8077.



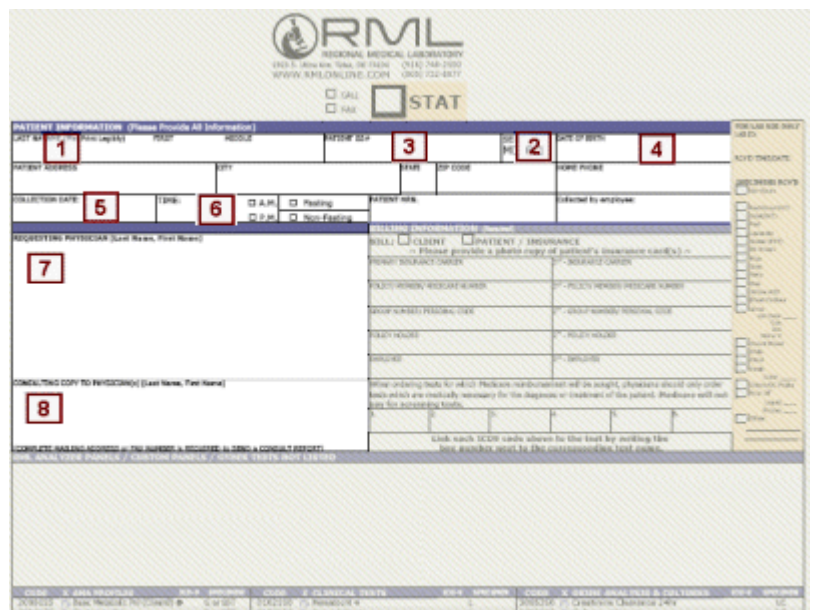
The image shows a screenshot of the RML test requisition form. A red box highlights the 'BILLING INFORMATION' section, which includes fields for 'BILL TO' (CLIENT or PATIENT/INSURANCE), 'PATIENT'S INSURANCE CARD(S)', 'PATIENT MEMBER MEDICAL NUMBER', 'PATIENT MEMBER MEDICAL CODE', 'PATIENT HOUSE', and 'SPECIES'. A note below the box states: 'When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient. Medicare will not pay for excessive tests. Ask each ICD-9 code shown for the test by writing the test number next to the corresponding test code.'

The Medicare License number for RML is 731131608C.

Our billing representatives are available Monday through Friday, 8:30am to 4:30pm, to discuss any billing questions you may have. They can be reached by phone, (918) 744-2164 or (800) 331-9102, by fax, (918) 744-2174, or by email, labbilling@sjmc.org.

Required Information

- Last name first, first name, middle name or initial:** Always use the legal name (not nicknames please) as this is crucial to insurance filing. The name on the requisition should match the name on the specimen exactly.
- Sex:** Normal result ranges may vary between sexes.
- Social Security number of the patient:** Ties account and medical history records together.
- Date of Birth:** RML reports age specific reference ranges for many tests.
- Date:** Specimen collection date.
- Time:** Specimen collection time.
- Requesting physician:** Complete name (first and last) of ordering doctor- not clinic name, group name, etc.
Please circle physician's number: - Requisitions with client specific information.
- Consulting physician:** In order for a consulting physician to obtain a report, please supply the complete name (first and last) of the consulting doctor and contact information- not clinic name, group name, etc.



The image shows a screenshot of the RML test requisition form with red boxes highlighting specific fields. The boxes are numbered 1 through 8, corresponding to the required information list. Box 1 is the last name field, box 2 is the sex field, box 3 is the social security number field, box 4 is the date of birth field, box 5 is the date field, box 6 is the time field, box 7 is the requesting physician field, and box 8 is the consulting physician field.

Ordering Tests

RML has developed two new requisitions: **Clinical testing** and **Cytology/Anatomic Pathology testing**.

On the Clinical Requisition - Mark requested tests with an "X" as clearly as possible in the center of the provided space next to the test. Any test not listed can be written in the space provided labeled "Other Tests Not Listed".

On the Cytology/Anatomic Pathology - Please list the source and complete the information as indicated for the area testing. Additional clinical information may be written in the space provided. Cytology and Anatomical Pathology information is listed on the lower portion of the older requisition versions.

Consulting or Referring Physicians

To request results for consulting or referring physicians please complete the box on the requisition under Patient Information labeled "Consulting Copy to Physician(s)". Please provide the first and last name and address of the other physician(s).

The patient's chart copy will be mailed if the physician is not a client. If the physician is a client, a courier will deliver the copy.

Copies will not be sent to patients unless an authorized Release and Consent Form is signed and on file. Patients may either pick up results or receive results in the mail. Attorneys may receive copies of court-ordered reports when the patient has signed a Release and Consent Form.

Requesting Results to be Called or Faxed

To request results be called or faxed, check the appropriate box and fill out the phone or pager number and/or the fax number in the space provided under the RML logo at the top of the requisition.

To request results be faxed, please complete the part of the requisition in the top right corner of the requisition. Check the box marked "Fax Results" and ordering physician's office will be faxed. If a different number is to be notified, indicate the different phone number in the provided space next to the checked box at the top of the requisition. When noted on the requisition to receive results by fax, the test(s) will be performed on a routine basis and will be faxed upon completion.

Note a "fax or call" request should not be used in lieu of a STAT or for results needed on a STAT basis. If STAT results are required, you must mark the "STAT" box on the requisition.

The image shows a requisition form from Regional Medical Laboratory (RML). At the top center is the RML logo with the text "REGIONAL MEDICAL LABORATORY" and "1000 E. MAIN ST. SUITE 1000 - CHICAGO, IL 60612". Below the logo, there are checkboxes for "CALL", "FAX", and "STAT". The "STAT" checkbox is checked and highlighted with a red box. The form contains various fields for patient information, including name, address, city, state, zip code, and phone number. There are also sections for "BILL TO" (CLIENT, PATIENT, INSURANCE) and "ORDER INFORMATION". At the bottom, there are instructions: "Mark each ORDER number shown in blue text by writing the test number next to the corresponding test name." The form is divided into several sections with blue headers: "PATIENT INFORMATION", "BILL TO", "ORDER INFORMATION", and "TESTS".

Finishing out the Requisition Form

After the test requisition form is completed, tear off the back copy and keep for your records. Send the original to RML with specimens or the patient.