REGIONAL MEDICAL LABORATORY
Business Office, 9330 East 41st Street, Tulsa, OK 74145
Phone: 918.744.2164 or 800.331.9102
Fax: 918.744.3989
Email: rmlbillingclientteam@sjmc.org

PHYSICIAN REQUEST TO BILL PHYSICIAN
Attn: Billing Client Team

Date of Request: ___________________________

Requester Name: ___________________________

Client Code & Name: ___________________________ **(at lower left corner of your invoice)**

Patient Name: ______________________________ SSN: _________________ DOB: _____/____/____
Billing Address: ______________________________ City: _________________ State: ___ Zip:______
Telephone No: ______________________________ RML Patient Acct# ___________________________ (If available)
Date of Service: _____/_____/_____
Tests/CPTs: ___________ __________ ___________ __________ ___________ _________

Patient Name: ______________________________ SSN: _________________ DOB: _____/____/____
Billing Address: ______________________________ City: _________________ State: ___ Zip:______
Telephone No: ______________________________ RML Patient Acct# ___________________________ (If available)
Date of Service: _____/_____/_____
Tests/CPTs: ___________ __________ ___________ __________ ___________ _________

Patient Name: ______________________________ SSN: _________________ DOB: _____/____/____
Billing Address: ______________________________ City: _________________ State: ___ Zip:______
Telephone No: ______________________________ RML Patient Acct# ___________________________ (If available)
Date of Service: _____/_____/_____
Tests/CPTs: ___________ __________ ___________ __________ ___________ _________

Please understand there may be times when the original order was designated to Bill Patient's Insurance and a claim has already been filed to the insurance company. In these instances we may be unable to move the charges from the patient's account to your account. You will be notified if we are unable to comply with your request. Thank you.