



RML

REGIONAL MEDICAL LABORATORY

Business Office, 9330 East 41st Street, Tulsa, OK 74145

Phone: 918.744.2164 or 800.331.9102

Fax: 918.403.0063

Email: RMLDiagnosisRequest@ascension.org

PHYSICIAN REQUEST TO CHANGE DIAGNOSIS AND REFILE INSURANCE Attn: RML Coders

Date of Request: _____ Requester Name: _____

Requester Phone #: _____ Requester Fax #: _____

Client Code & Name: _____ (at lower left corner of invoice)

Patient Name: _____ SSN: _____ DOB: ____/____/____

Insurance Co: _____

Date of Service: ____/____/____

Original Diagnosis(es) Codes: _____

New Diagnosis(es) Codes: _____

Lab CPTs/Tests: _____

Please understand some insurance companies adhere to strict filing timelines for original submissions and amendments/appeals. If this timeline has been exceeded for the above payer, we will contact you with an explanation.

Please submit Advance Beneficiary Notice (ABN) with this request if applicable.

Special Instructions/Comments:
