



DIAGNOSTIC • LABORATORIES

Main Phone: 954-430-5775

Main Fax: 954-430-5715

1-866-722-5312

www.oraclediagnostic.com

LAB USE ONLY

- Urine, Biopsy, Culture, Stool, Frozen, Sputum, Pap Smear, 24 Hr. UA, Probetec - PB, Thin Prep, Monterey Diagnostic Lab, Roca Diagnostic Lab, Yellow - Y, Blue - B, Green Top - G, Gel/Serum - SST, Red Top - RS, Lavender - L, Grey Top - GY, Royal Blue - RB, Culturette Swab - SW, Sterile Container - SC, 10D1017973, 10D0940475

Bar Code Only

Thank You For Your Business

SPECIMEN COLLECTION

DATE, TIME, AM/PM

Collected By, Wt, Hgt

Physician Name

VENIPUNCTURE (001), VENIPUNCTURE & STAT (002)

STAT

ACCOUNT form with fields for patient information and insurance details.

Bill to: Insurance, Account, Patient, PPS/Part A, Add'l Fax #

PATIENTS NAME, D.O.B., INSURANCE CO. NAME, PATIENT STREET ADDRESS, APT.#, MEMBER INSURED ID #, GROUP #, CITY, STATE, ZIP, INSURANCE COMPANY ADDRESS, PATIENT SOCIAL SECURITY #, ADDITIONAL #, MALE/FEMALE, PATIENT PHONE #, CITY, STATE, ZIP, MEDICARE NUMBER, MEDICAID NUMBER, EMPLOYER NAME / EMPLOYER #, INSURED SOCIAL SECURITY # (IF NOT PATIENT), RELATIONSHIP TO INSURED: SELF, SPOUSE, DEPENDENT

AMA PANEL SEE BACK table with columns for test code, name, and units.

Table of tests including GLUCOSE, HCG, IRON, LEAD, LIPASE, LITHIUM, MAGNESIUM, MICROALBUMIN URINE, MONONUCLEOSIS SCREEN, PHOSPHORUS, POTASSIUM, PRE-ALBUMIN, PROGESTERONE, PROLACTIN, PSA, Screen, RHEUMATOID FACTOR, SODIUM, T3, T4, TESTOSTERONE, PROTEIN, TRIGLYCERIDES, TSH, URIC ACID, URINALYSIS, URINALYSIS, Microscopic, VITAMIN B12.

Table of tests including H PYLORI Ab, IgG, HEPATITIS A, B, C, HIV, HSV, SCLERODERMA-70 Ab, SMITH (Sm) Ab, SS-A/Ro Ab, SSB/La Ab, TOXOPLASMA Ab, IgG, VARICELLA ZOSTER IgG.

TOXICOLOGY

Table of toxicology tests including ALCOHOL, AMPHETAMINES, BARBITURATES, BENZODIAZEPINE, BUPRENORPHINE, CANABINOID, COCAINE METABOLIC, DRUG PANEL 5, DRUG PANEL 10, DRUG SCREEN + Alcohol, ECSTASY, EtG, ETHANOL, METHADONE, METHAQUALONE, OPIATES, OPIATE CONFIRM, OXYCODONE, OXYCODONE, Quant, PAIN MNGT. PANEL, PROPOXYPHENE, PHENCYCLIDINE, VALIDITY TESTING PANEL.

THERAPEUTIC DRUGS table with columns for test code, name, and units.

MICROBIOLOGY

Table of microbiology tests including BETA-STREP A, CHLAMYDIA & GC BY DNA, CHLAMYDIA & GC BY DNA, Urine, CLOSTRIDIUM DIFFICILE, CULTURE, Blood, CULTURE, Fungus, CULTURE, Herpes, CULTURE, Sputum, CULTURE, Stool, CULTURE, Throat, CULTURE, Urine, CULTURE, Vaginal, CULTURE, Wound, GRAM STAIN, OVA & PARASITE X1, STREP GROUP B SCREEN.

HEMATOLOGY/COAGULATION

Table of hematology/coagulation tests including CBC, CD4/CD8 PANEL, HEMOGLOBIN & HEMATOCRIT, OCCULT BLOOD, PT + INR, PTT, RETIC COUNT, SEDIMENTATION RATE, SICKLE CELL SCREEN.

ICD9 CODE(S)-DIAGNOSIS/SYMPTOM (MUST BE PROVIDED)

Required

ADDITIONAL TESTS: (PLEASE INCLUDE COMPLETE TEST NAME AND ORDER CODE.)

Patient's Name: \_\_\_\_\_

Medicare # (HICN): \_\_\_\_\_

**AMA PROFILE INDEX**

1028	<b>AMENORRHEA PANEL</b> FSH, LH, Prolactin	SST		Complement C4, ANCA Panel, Anti-Ribosomal, DS-DNA Ab, SS-A/Ro Ab, Anti-Striation, Thyroid Peroxid, Sm/RNP Ab, Parietal Cell A, CCP IgG Ab, SSB/La Ab, Scleroderma-70
2021	<b>ANEMIA PANEL</b> CBC, Retic Count, Ferritin, B12, Iron, TIBC - calculated	L, SST	1018	<b>OBSTETRICS PANEL</b> CBC, RPR, Hepatitis B - surface, ABO Group & RH
1006	<b>ARTHRITIS PANEL</b> ANA, ASO Screen, LE, RA Latex, Uric Acid, CRP - quantitative	SST		Indirect Coombs, Rubella Ab, IgG
1020	<b>BASIC METABOLIC PANEL</b> Carbon Dioxide, BUN, Calcium, Chloride, Creatinine, serum, Glucose, Potassium, Sodium, Total Protein	SST	2020	<b>OVARIAN PANEL</b> Estradol, FSH, LH, Prolactin, Testosterone - total, Progesterone
1019	<b>COMPREHENSIVE METABOLIC PANEL</b> Albumin, ALK PHOS, Carbon Dioxide, Bilirubin - total, BUN, Calcium, Chloride, Creatinine - serum, Glucose, Potassium, AST, ALT, Sodium, Total Protein	SST	39001	<b>PAIN MANAGEMENT PANEL</b> Drug Panel 10 + Oxycodone + Opiate confirm + Benzo confirm + Validity Panel
1010	<b>ELECTROLYTE PANEL</b> Carbon Dioxide, Chloride, Potassium, Sodium	SST	1016	<b>RENAL FUNCTION PANEL</b> Basic Metabolic, Albumin, Phosphorus
1014	<b>GENERAL HEALTH PANEL</b> CBC, Comprehensive Metabolic, TSH	L, SST	1022	<b>THYROID FUNCTION</b> T4 total, T3 uptake
1015	<b>HEPATITIS PANEL</b> A Ab, B Cor, C Ab, B Surface	SST	1023	<b>THYROID PROFILE II</b> T4 total, T3 uptake, TSH
1013	<b>HEPATIC FUNCTION PANEL</b> Albumin, ALK PHOS, Bilirubin - total, Bilirubin - direct, AST, ALT, Total Protein	SST	1009	<b>TORCH PANEL</b> HSV I & II, CMV Ab IgG, Toxoplasma Ab, Rubella Ab IgG
1017	<b>LIPID PANEL</b> Cholesterol - total, HDL, Triglycerides, LDL - calculated	SST	539	<b>VALIDITY TESTING PANEL</b> Ph, Specific Gravity, Creatinine, General Oxidant
4010	<b>LUPUS PANEL</b> Sedimentation R, RA Latex Turbid. ANA - direct, Mitochondrial, Antithyroglobulin, CRP - quantitative, Complement C3,	RS, L, 3 SST	1030	<b>DRUG PANEL 5</b> AMP, COC, THC, PCP, OPI, Validity Testing Panel
			1031	<b>DRUG PANEL 10</b> Drug Panel 5, METH, MTQ, BENZ, BARB, PPX, Validity Panel
			1032	<b>DRUG PANEL + ALCOHOL</b> Drug Panel 10 + Alcohol + Validity Panel

**ADVANCE BENEFICIARY NOTICE (ABN)**

NOTE: You need to make a choice about receiving these laboratory tests.

We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should nor receive it. There may be a good reason your doctor recommended it. Right now in your case, Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you in case you have to pay for them yourself or through other insurance.  
(Estimated Cost: \$ \_\_\_\_\_)

**PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.**

Medicare does not pay for these tests for your condition.	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests

**Option 1. Yes, I want to receive these laboratory tests.**  
I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for the laboratory tests and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

**Option 2. No, I have decided not to receive these laboratory tests.**  
I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.

**Note:** Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

PATIENT'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_