

INSURANCE BILL REQUISITION FORM



Know your risk.

A Quest Diagnostics™ Laboratory

Customer Support | p 1.866.358.9828 | f 1.866.869.0148

Bill to Insurance/Medicare/Self-Pay

LAB USE ONLY



LAB USE ONLY

CLIENT ID

INSTRUCTIONS

1. Please complete all highlighted areas in their entirety.
2. Please provide all specimen information (draw date/time).

PRACTITIONER INFORMATION

Client ID		
Practice Name		
Practitioner ID		
Practitioner Name		
NPI	PECOS Validated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
City	State	ZIP
Phone	Fax	

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

ICD CODES (Please print legibly and enter all that apply) ICD CODES ARE MANDATORY

PATIENT INFORMATION

DOB mm / dd / yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name		
First Name	Middle Initial	
Address		
City	State	ZIP
Phone		
Ht. ft. in.	Wt. lbs.	BMI
Fasting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> White/Caucasian (Non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		
<input type="checkbox"/> Patient Demographics Sheet Attached		
Other Patient ID	Last Four Digits of SSN	

BILLING INFORMATION (Check only one billing option)

Please attach a copy of BOTH sides of patient's insurance card.

<input type="checkbox"/> Insurance:
<input type="checkbox"/> Medicare# _____
<input type="checkbox"/> Self-Pay: CHL will bill the patient.

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TEST MENU (please fill in box completely)

ICD Diagnosis Codes are MANDATORY

INFLAMMATION C133 <input type="checkbox"/> Myeloperoxidase C570 <input type="checkbox"/> Lp-PLA ₂ Activity C121 <input type="checkbox"/> hsCRP C919 <input type="checkbox"/> Microalbumin/Creatinine C301 <input type="checkbox"/> ADMA/SDMA C335 <input type="checkbox"/> OxLDL C261 <input type="checkbox"/> F ₂ -Isoprostane/Creatinine LIPIDS C906 <input type="checkbox"/> Standard Lipid Panel [§] C909 <input type="checkbox"/> Standard Lipid Panel with Reflex to Direct LDL [§] 37848 <input type="checkbox"/> Lipid Panel with TG/HDL-C [§] C117 <input type="checkbox"/> Cholesterol, Total C118 <input type="checkbox"/> HDL Cholesterol, Direct C119 <input type="checkbox"/> Triglycerides C120 <input type="checkbox"/> LDL Cholesterol, Direct LIPOPROTEIN FRACTIONATION 37847 <input type="checkbox"/> LipoFraction NMR without Lipids [§] 37849 <input type="checkbox"/> LipoFraction NMR with Lipids [§] 1346 <input type="checkbox"/> LipoFraction Ion Mobility [§] 1341 <input type="checkbox"/> sdLDL 91729 <input type="checkbox"/> Lp(a) 1342 <input type="checkbox"/> HDL2b APOLIPOPROTEINS C123 <input type="checkbox"/> ApoB C122 <input type="checkbox"/> ApoA1	METABOLIC C524 <input type="checkbox"/> TMAO C101 <input type="checkbox"/> Glucose C146 <input type="checkbox"/> Insulin 1388 <input type="checkbox"/> Insulin Resistance Panel with Score [§] C155 <input type="checkbox"/> GlycoMark [®] C145 <input type="checkbox"/> HbA1c C314 <input type="checkbox"/> Adiponectin C136 <input type="checkbox"/> C-Peptide C307 <input type="checkbox"/> Cystatin C C308 <input type="checkbox"/> Homocysteine VITAMINS/SUPPLEMENTS C295 <input type="checkbox"/> Coenzyme Q10 ^{**} C339 <input type="checkbox"/> Vitamin D, 25 OH C277 <input type="checkbox"/> Vitamin D2/D3, 25 OH C258 <input type="checkbox"/> Folate, Serum C260 <input type="checkbox"/> Vitamin B12 C2405 <input type="checkbox"/> Methylmalonic Acid C302 <input type="checkbox"/> OmegaCheck [®] ANEMIA/IRON METABOLISM C140 <input type="checkbox"/> Ferritin C147 <input type="checkbox"/> Iron C273 <input type="checkbox"/> Iron & IBC COAGULATION/PLATELET FUNCTION C922 <input type="checkbox"/> AspirinWorks/Creatinine C334 <input type="checkbox"/> Fibrinogen Mass [*]	GENETICS 1349 <input type="checkbox"/> 4q25-AF [†] 1348 <input type="checkbox"/> 9p21 [†] 1087 <input type="checkbox"/> ApoE [†] 1086 <input type="checkbox"/> CYP2C19 [†] 1090 <input type="checkbox"/> Prothrombin (Factor II) [†] 1089 <input type="checkbox"/> Factor V (Leiden) [†] 1350 <input type="checkbox"/> KIF6 [†] 1351 <input type="checkbox"/> LPA Aspirin [†] 1352 <input type="checkbox"/> LPA Intron-25 [†] 1088 <input type="checkbox"/> MTHFR [†] HYPERTENSION/HEART FAILURE C315 <input type="checkbox"/> Galectin-3 C125 <input type="checkbox"/> NT-proBNP [†] 91823 <input type="checkbox"/> ST2, Soluble THYROID FUNCTION C142 <input type="checkbox"/> T4, Free C158 <input type="checkbox"/> T4, Total C143 <input type="checkbox"/> T3, Free C144 <input type="checkbox"/> T3, Total C157 <input type="checkbox"/> TSH C513 <input type="checkbox"/> TSH with Reflex to T4, Free [†] C375 <input type="checkbox"/> Thyroid Peroxidase AB C376 <input type="checkbox"/> Thyroglobulin AB CANCER C154 <input type="checkbox"/> PSA, Total C512 <input type="checkbox"/> PSA, Total with Reflex to PSA, Free [†]	HORMONES C156 <input type="checkbox"/> Testosterone, Total C943 <input type="checkbox"/> Testosterone Free, Bioavailable, and Total C316 <input type="checkbox"/> Estradiol C317 <input type="checkbox"/> FSH C149 <input type="checkbox"/> Luteinizing Hormone C320 <input type="checkbox"/> Progesterone C385 <input type="checkbox"/> DHEA-S C326 <input type="checkbox"/> Sex Hormone Binding Globulin C384 <input type="checkbox"/> Cortisol, Total ROUTINE PANELS C905 <input type="checkbox"/> Electrolyte Panel [§] C903 <input type="checkbox"/> Hepatic Function Panel [§] C902 <input type="checkbox"/> Basic Metabolic Panel [§] C901 <input type="checkbox"/> Comprehensive Metabolic Panel [§] C904 <input type="checkbox"/> Renal Functional Panel [§] STANDARD LABORATORY TESTS C917 <input type="checkbox"/> CBC without Differential ^{§*} C915 <input type="checkbox"/> CBC with Differential ^{§*} C212 <input type="checkbox"/> Hematocrit [*] C211 <input type="checkbox"/> Hemoglobin [*] 1378 <input type="checkbox"/> White Cell Count [*] 1379 <input type="checkbox"/> Red Cell Count [*] 1380 <input type="checkbox"/> Platelet Count [*] C916 <input type="checkbox"/> Urinalysis, Complete ^{§*} 1382 <input type="checkbox"/> Urinalysis Reflex ^{§*} 1381 <input type="checkbox"/> Urinalysis, Macroscopic ^{§*} 1390 <input type="checkbox"/> Urinalysis, Microscopic ^{§*} C161 <input type="checkbox"/> Uric Acid	C137 <input type="checkbox"/> Creatine Kinase C2414 <input type="checkbox"/> Zinc, Plasma C150 <input type="checkbox"/> Magnesium C103 <input type="checkbox"/> Sodium C104 <input type="checkbox"/> Potassium C106 <input type="checkbox"/> Chloride C105 <input type="checkbox"/> CO ₂ (Carbon Dioxide, Bicarbonate) C115 <input type="checkbox"/> Bilirubin, Direct C114 <input type="checkbox"/> Bilirubin, Total C107 <input type="checkbox"/> BUN (Blood Urea Nitrogen) C108 <input type="checkbox"/> Creatinine, Serum C102 <input type="checkbox"/> Calcium, Total C109 <input type="checkbox"/> Albumin C110 <input type="checkbox"/> Protein, Total C111 <input type="checkbox"/> ALP (Alkaline Phosphatase) C112 <input type="checkbox"/> ALT (Alanine Amino Transferase) C113 <input type="checkbox"/> AST (Aspartate Amino Transferase) C116 <input type="checkbox"/> Inorganic Phosphate (Phosphorus) OTHER _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____
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Please mark off any tests added in the "OTHER" category. Testing will only be performed on single order choices that are marked off.

*Specimen must be shipped the same day collected.
 **Specimen must be protected from light.
 †A single separate tube is required.
 ‡Note: Up to 8 genetic tests can be run from one tube.
 §Reflex tests are performed at an additional charge, if indicated by the initial test result.
 ¶Full descriptions are on the back of this form.
 ||Refer to CHL Online Test Menu for specimen tube requirements based on age and gender.

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Bill to Insurance/Medicare/Self-Pay

COMMENTS:

Practitioner's Signature: **X**

Date: **X**

INFORMATIONAL USE ONLY. DO NOT WRITE ON THIS PAGE.

ICD DIAGNOSIS CODES ARE MANDATORY. PLEASE WRITE APPLICABLE CODES ON THE FIRST PAGE OF THE REQUISITION.

Code	Diagnosis	Code	Diagnosis
D50.9	Iron deficiency anemia, unspecified	E78.41	Elevated Lipoprotein (a)
D51.9	Vitamin B12 deficiency anemia, unspecified	E78.49	Other hyperlipidemia
D64.9	Anemia, unspecified	E78.5	Hyperlipidemia, unspecified
E03.8	Other specified hypothyroidism	E79.0	Hyperuricemia w/o signs of inflammatory arthritis and tophaceous disease
E03.9	Hyperthyroidism, unspecified	E88.81	Metabolic syndrome
E06.3	Autoimmune thyroiditis	F41.9	Anxiety disorder, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia	G47.00	Insomnia, unspecified
E11.9	Type 2 diabetes mellitus without complications	I10	Essential (primary) hypertension
E27.9	Disorder of adrenal gland, unspecified	I25.10	Atherosclerotic heart disease of native coronary artery w/o angina pectoris
E29.1	Testicular hypofunction	N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
E34.9	Endocrine disorder, unspecified	N95.1	Menopausal and female climacteric states
E53.8	Deficiency of other specified B group vitamins	R53.1	Weakness
E55.9	Vitamin D deficiency, unspecified	R53.81	Other malaise
E63.9	Nutritional deficiency, unspecified	R53.83	Other fatigue
E66.9	Obesity, unspecified	R73.01	Impaired fasting glucose
E72.11	Homocystinuria	R79.89	Other specified abnormal findings of blood chemistry
E72.12	Methylenetetrahydrofolate reductase deficiency	R79.9	Abnormal finding of blood chemistry, unspecified
E78.00	Pure hypercholesterolemia, unspecified	Z00.00	Encounter for general adult medical exam w/o abnormal findings
E78.01	Familial hypercholesterolemia	Z12.5	Encounter for screening for malignant neoplasm for prostate
E78.1	Pure hyperglyceridemia	Z13.220	Encounter for screening for lipid disorders
E78.2	Mixed hyperlipidemia	Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system

Note: the above ICD codes are listed as a convenience for ordering physicians. No physician is required to use these ICD codes. Ordering physicians should report the diagnosis code that best describes the reason for performing the test, regardless of whether it is included in the list above. The ICD codes selected by you will be applied as the diagnosis for all tests ordered on this requisition form unless you state otherwise in the Comments section of this form.

COMMON PANEL DESCRIPTIONS

C902	BASIC METABOLIC PANEL	C917	CBC WITHOUT DIFFERENTIAL	C915	CBC WITH DIFFERENTIAL
	Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, BUN, Creatinine, Calcium, Estimated Glomerular Filtration Rate		White Blood Cell Count, Red Blood Cell Count, Hematocrit, Hemoglobin, MCV, MCH, MCHC, RDW, Platelet Count, MPV		White Blood Cell Count, Red Blood Cell Count, Hematocrit, Hemoglobin, MCV, MCH, MCHC, RDW, Platelet Count, MPV, Neutrophil Count, Lymphocyte Count, Monocyte Count, Eosinophil Count, Basophil Count
C901	COMPREHENSIVE METABOLIC PANEL	C905	ELECTROLYTE PANEL	C903	HEPATIC FUNCTION PANEL
	Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, BUN, Creatinine, Calcium, Estimated Glomerular Filtration Rate, Albumin, Total Protein, Alkaline Phosphatase, Alanine Aminotransferase, Aspartate Aminotransferase, Bilirubin Total, Globulin		Sodium, Potassium, Chloride, Carbon Dioxide		Albumin, Total Protein, Alkaline Phosphatase, Alanine Aminotransferase, Bilirubin Total, Bilirubin Direct, Globulin
1346	LIPOPROTEIN FRACTIONATION ION MOBILITY (LipoFraction Ion Mobility)	1388	INSULIN RESISTANCE PANEL WITH SCORE	37848	LIPID PANEL WITH TG/HDL-C
	LDL Particle Number, LDL Small, LDL Medium, HDL Large, LDL Pattern, LDL Peak Size		Insulin, Intact, LC/MS/MS, C-Peptide, LC/MS/MS, Insulin Resistance Score		Total Cholesterol, HDL Cholesterol, Triglycerides, LDL-Cholesterol Calculated, Cholesterol/DHL-C, Non-HDL Cholesterol, Direct LDL Cholesterol, TG/HDL-C,
37847	LIPOPROTEIN FRACTIONATION NMR (LipoFraction NMR without Lipids)	37849	LIPOPROTEIN FRACTIONATION NMR WITH LIPIDS (LipoFraction NMR with Lipids)	C904	RENAL FUNCTIONAL PANEL
	LDL-P, Small LDL-P, LDL Size, HDL-P, Large HDL-P, HDL Size, Large VLDL-P, VLDL Size		LDL-P, Small LDL-P, LDL Size, HDL-P, Large HDL-P, HDL Size, Large VLDL-P, VLDL Size, Triglycerides, Total Cholesterol, HDL Cholesterol, non-HDL Cholesterol, LDL Cholesterol, TG/HDL-C		Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, BUN, Creatinine, Calcium, Estimated Glomerular Filtration Rate, Albumin, Phosphorus
C906	STANDARD LIPID PANEL	C909	STANDARD LIPID PANEL WITH REFLEX TO LDL CHOLESTEROL, DIRECT	C916	URINALYSIS, COMPLETE
	Total Cholesterol, Triglycerides, Direct HDL, Calculated LDL, Non-HDL Cholesterol		Total Cholesterol, Triglycerides, Direct HDL, Calculated LDL, Non-HDL Cholesterol, If Reflexed: LDL Cholesterol, Direct		Glucose, Protein, Bilirubin, Urobilinogen, pH, Blood, Ketones, Nitrite, Leukocyte Esterase, Specific Gravity, Color, Appearance, Microscopic Elements (RBC, WBC, Epithelial Cells, Bacteria, Hyaline Casts)
1382	URINALYSIS REFLEX	1381	URINALYSIS, MACROSCOPIC	1390	URINALYSIS, MICROSCOPIC
	Glucose, Protein, Bilirubin, Urobilinogen, pH, Blood, Ketones, Nitrite, Leukocyte Esterase, Specific Gravity, Color, Appearance, If Reflexed: Microscopic Elements (RBC, WBC, Epithelial Cells, Bacteria, Hyaline Casts)		Glucose, Protein, Bilirubin, Urobilinogen, pH, Blood, Ketones, Nitrite, Leukocyte Esterase, Specific Gravity, Color, Appearance		RBC, WBC, Epithelial Cells, Bacteria, Hyaline Casts

Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.

To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call **1.888.277.8772** or simply download our mobile app. at QuestDiagnostics.com/mobile.