Quest Diagnostics™

ADDITIONAL TESTS ORDERED SEE BELOW

General Health

ACCOUNT #: **10934333**
NAME: **Next Medical**
ADDRESS: **1440 W Taylor St**
CITY, STATE, ZIP **Chicago, IL 60607**
TELEPHONE #: **212-530-7870**

BILL TO:
- ☑ My Account
- ☐ Insurance Provided
- ☐ Lab Card/Select
- ☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
Bilfeldt, Maria

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH: M M **23** / D D **5** / YEAR **1991** SEX **F**

PATIENT EMAIL ADDRESS
mariapiabilfeldt@gmail.com

PATIENT ID # / MRN

CELL PHONE **(   )**
PATIENT PHONE **(561) 575152**

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY)   APT. #   KEY #

DATE COLLECTED	TIME : ☐ AM ☐ PM	TOTAL VOL/HRS. _____ ML _____ HR	☐ Fasting ☐ Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

Serota, Marc Jonathan (1740410463)

☐ ADDIT'L PHYS.: Dr._____ NPI/UPIN |__|__|__|__|__|__|__|__|__|__|

NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____

☑ Fax Results to: (212) 530-7891

Send Duplicate Report to: Client # OR NAME:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____

PRIMARY INSURANCE

CITY _____ STATE ___ ZIP ___

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME
Athena

MEMBER / INSURED ID NO. #
123456789
GROUP #
12345

INSURANCE ADDRESS

CITY _____ STATE ___ ZIP ___

ABN required for tests with these symbols

Medicare Limited Coverage Tests:
- **@** = May not be covered for the reported diagnosis.
- **F** = Has prescribed frequency rules for coverage.
- **&** = A test or service performed with research/experimental kit.
- **B** = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

Z11.3

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

Code	Test	
34392	Electrolyte Panel	S
10256	Hepatic Function Panel	S
10165	Basic Metabolic Panel	S
10231	Comp Metabolic Panel	S
7600	Lipid Panel (Fasting)	S
14852	Lipid Panel w/Reflex D-LDL	S
20210	Obstetric Panel w/Reflex	Y,L,S
10306	Hepatitis Panel, Acute w/Reflex	S
10314	Renal Functional Panel	S

HEMATOLOGY

Code	Test	
510	Hemoglobin	L
509	Hematocrit	L
1759	CBC (Hgb, Hct, RBC, WBC, Plt)	L
6399	CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff)	L
8847	PT with INR	B
763	PTT, Activated	B

OTHER TESTS

Code	Test	
7788	ABO Group & Rh Type	Y
237	AFP Tumor Marker	S
223	Albumin	S
234	Alkaline Phosphatase	S
823	ALT	S
243	Amylase	S
249	ANA Screen, IFA, with Reflex to Titer and Pattern	S
795	Antibody Scr, RBC w/Reflex ID	Y
822	AST	S
285	Bilirubin, Direct	S
287	Bilirubin, Total	S

Code	Test	
4420	☐ C-Reactive Protein (CRP)	S
29493	☐ CA 27.29	S
29256	☐ CA 125	S
303	☐ Calcium	S
11173	☐ CCP Ab IgG	S
978	☐ CEA	S
334	☐ Cholesterol, Total	S
374	☐ CK, Total	S
375	☐ Creatinine	S
402	☐ DHEA Sulfate, Immunoassay	S
8293	☐ LDL Cholesterol, Direct	S
4021	☐ Estradiol	S
457	☐ Ferritin	S
466	☐ Folic Acid	S
470	☐ FSH	S
482	☐ GGT	S
8477	☐ Glucose, Gestational Screen (50g), 135 cutoff	GY
19833	☐ Glucose, Gestational Screen (50g), 140 cutoff	GY
484	☐ Glucose, Plasma	GY
483	☐ Glucose, Serum	S
8435	☐ hCG, Serum, Qual	S
8396	☐ hCG, Serum, Quant	S
496	☐ Hemoglobin A1c	L
16802	☐ Hemoglobin A1c w/eAG	L
499	☐ Hep B Surface Ab Qual	S
498	☐ Hep B Surface Ag w/Reflex Confirm	S
8472	☐ Hep C Antibody w/Reflex to Quant	S
91431	☑ HIV-1/2 AG/AB, 4th w/Reflex	S
31789	☐ Homocysteine	S
10124	☐ hs CRP	S
561	☐ Insulin	S
549	☐ Immunofixation (IFE)	S
7573	☐ Iron, TIBC, % Sat	S

Code	Test	
571	☐ Iron	S
593	☐ LDH	S
599	☐ Lead, Blood	TN
615	☐ LH	S
606	☐ Lipase	S
6646	☐ Lyme Disease Ab w/Reflex to Blot (IgG, IgM)	S
622	☐ Magnesium	S
6517	☐ Microalbumin, Random Urine w/Creat	

Fecal Globin, Feces - FIT, InSure®1
Code	Test	
11290	☐ Diagnostic	
F 11293	☐ Medicare Screen	

Code	Test	
718	☐ Phosphorus	S
733	☐ Potassium	S
745	☐ Progesterone	S
746	☐ Prolactin	S
5363	☐ PSA, Total	S
793	☐ Reticulocyte Count, Automated	L
4418	☐ Rheumatoid Factor	S
799	☐ RPR (Monitoring) w/Reflex Titer	S
36126	☑ RPR (DX) w/Reflex Confirm	S
802	☐ Rubella IgG	S
809	☐ Sed Rate by Mod West	L
15983	☐ Testosterone, Total, LC/MS/MS	SR
873	☐ Testosterone, Total, Male	SR
5081	☐ Thyroid Peroxidase Antibodies (TPO)	S
896	☐ Triglycerides	S
899	☐ TSH	S
36127	☐ TSH w/Reflex T4, Free	S
34429	☐ T3, Free	S
859	☐ T3, Total	S
861	☐ T3 Uptake	S
867	☐ T4 (Thyroxine), Total	S
866	☐ T4 (Thyroxine), Free	S

Code	Test	
6448	☐ UA, Dipstick Only	U
7909	☐ UA, Dipstick w/Reflex Microscopic	U
5463	☐ UA, Complete (Dipstick & Microscopic)	U
3020	☐ UA, Complete, w/Reflex Culture	1
294	☐ Urea Nitrogen (BUN)	S
905	☐ Uric Acid	S
916	☐ Valproic Acid	SR
4439	☐ Varicella-Zoster Virus Ab (IgG)	S
7065	☐ Vitamin B12/Folic Acid	S
927	☐ Vitamin B12	S
17306	☐ Vitamin D, 25-Hydroxy, Total, Immunoassay	S
91935	☐ Vitamin D (QuestAssureD™ for Infants) 25-Hydroxyvitamin D, LC/MS/MS (<3 yrs)	SR

MICROBIOLOGY

Source (Required) _____

Code	Test	
4550	☐ Culture, Aerobic Bacteria*	
4446	☐ Culture, Aerobic & Anaerobic*	
4485	☐ Culture, Group A Strep*	
5617	☐ Culture, Group B Strep*	
4558	☐ Culture, Genital*	
394	☐ Culture, Throat*	
395	☐ Culture, Urine, Routine*(Inc. Indwelling Cath.)	

Amplified Specimen Type (Aptima)
☐ Endocervical   ☐ Urethral   ☑ Urine
| 11363 | ☑ Chlamydia & N. gonorrhoeae RNA, TMA |

Stool Pathogens (Salm/Shig/Campy,
10108	☐ Culture, Stool, Shiga toxins w/Reflex)*
34838	☐ H. pylori Ag, EIA Stool
14839	☐ H. pylori Urea Breath Test	HB
681	☐ O & P w/Permanent Stain

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) **Reflex tests are performed at an additional charge.**

SureSwab®, Trichomonas vaginalis RNA, Qualitative, TMA 19550 (2 mL female urine in Aptima Transport Tube)
SureSwab®, Mycoplasma genitalium, Real-Time PCR 91475 (2 mL female urine in Aptima® Transport Tube)

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Physician Signature (Required for PA, NY, NJ & WV)
Marc Serota

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.