



REFERENCE LABORATORY HIV TESTING REQUISITION

(ADAP Acct#: 7034109)

Date of Request, Visit Number, Chart#, Location, Name Last/First, Date of Birth

BASSETT HEALTHCARE NETWORK

Mayo Medical Laboratories HIV Testing Form #2938 (flab.doc) rev. 1/10,7/19/10, 1/3/2011, 6/3/11;10/13/11,1/16/2012,7/19/12,10/1/12,1/7/13,7/1/13, 1/6/14,10/6/14,8/17/15,4/19/19,2/10/22,3/14/22,9/7/23

Initials, Date, Time

MAYO Medical Laboratories (MML) requires the following information be provided to have MML bill the New York ADAP Plus program. Failure to provide all required information will result in charges being billed to the ordering facility.

Patient's Address, Street Address, City, State, Zip Code

Insured's Name (if different from patient), Relationship to Patient, SELF, SPOUSE, DEPENDENT

Primary Insurance Name and Plan (if applicable), Employer/Group Name

Policy ID Number, Group / Plan / Book#, Cat.#

Medicaid ID#, (OR), ADAP PLUS ID#

Referring Provider Information, Last Name, First Name, NPI#, NYS License #, HYMAN, CHARLES, SENTOCHNIK, DEBORAH

Diagnosis Code(s) or Descriptive Diagnosis

Testing Required, Providers: Compliance is mandatory and regulated - see reverse. MML Business Phone - 800-447-6424/Fax - 800-524-5125

Table with 3 columns: Unit Code - Performing Lab, EPIC Code, Test Name. Rows include HIQDR, HIVDR, HIVQN, V3200, V7000, E3100, E3600, HVDIP, R6000, R6000+E3600.

New York Regulations require an authorized signature (submitting provider or designee).

X Authorized Signature (submitting physician or designee)

Print Name and Title

Date and Time

REQUISITIONSLAB

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-9 codes for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. For tests included in each panel and reflexive testing, please refer to the below. Under current Medicare regulations, when certain laboratory tests (indicated by an *) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

Patient has signed ABN Waiver (ABN) Patient refused to sign ABN Waiver (ABNR) ABN not required

Informed Consent Forms are available through the Bassett warehouse or from the following link: www.health.state.ny.us/forms/doh-2556.pdf