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QUALITY CHECK (HOSPITAL USE ONLY)

☐ ACCEPT ☐ REJECT

PATIENT LABEL

BILLING INFORMATION

PLEASE ATTACH A COPY OF BILLING INFORMATION CONTAINING RESPONSIBLE PARTY'S INSURANCE TO THE OUTREACH LAB REQUISITION. YOU MAY ATTACH THE BILLING SHEET PROCURED BY YOUR FACILITY OR FILL THE FOLLOWING FORM OUT WITH THE REQUIRED INFORMATION. MISSING OR INCOMPLETE BILLING INFORMATION MAY RESULT IN DELAY OF TESTING.

☐ **MEDICARE**☐ **MEDICAID**☐ **CLIENT**☐ **INSURANCE**☐ **PATIENT****PRIMARY**

SUBSCRIBER NAME

SOCIAL SECURITY #

RELATIONSHIP TO PATIENT

PHONE #

INSURANCE COMPANY

GROUP #

MEMBER/SUBSCRIBER #

ADDRESS OF RESPONSIBLE PARTY

PRIMARY CARE PHYSICIAN

SECONDARY

SUBSCRIBER NAME

SOCIAL SECURITY #

RELATIONSHIP TO PATIENT

PHONE #

INSURANCE COMPANY

GROUP #

MEMBER/SUBSCRIBER #

ADDRESS OF RESPONSIBLE PARTY

PRIMARY CARE PHYSICIAN

SUPPLEMENTAL INFORMATION

PLEASE REFER TO THE TEST CATALOG YVM.TESTCATALOG.ORG FOR GUIDANCE ON SPECIMEN COLLECTION, SPECIMEN STABILITY, REFERENCE RANGES, AND CPT CODES. THE OUTREACH LAB REQUISITION IS COMPRISED OF COMMONLY ORDERED TESTS AND DOES NOT INCLUDE THE FULL CATALOG OF IN-HOUSE TESTING OFFERED BY YAKIMA MEMORIAL. REFER TO THE TEST CATALOG WHEN ORDERING TESTS THAT ARE NOT LISTED ON THE REQUISITION. PLEASE NOTE THAT THE TEST CATALOG IS COMPRISED OF TESTING OFFERED BY BOTH YAKIMA MEMORIAL HOSPITAL AND MAYO CLINIC LABORATORIES. THE PERFORMING LABORATORY SHOULD BE REVIEWED WHEN SELECTING TESTING NOT LISTED ON THE REQUISITION FORM.

FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY OF TESTING. THOROUGHLY REVIEW REQUISITION BEFORE SUBMITTING TO MINIMIZE RISK OF DELAY.

