



Next Generation Labs

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DATE: __/__/__
TIME: AM/PM
FOR LAB USE ONLY
PLACE LABEL HERE
SST, GY-GRAY, SL-SLIDE, GN-GREEN, PE-PEARL, L-LAVENDER, C-CULTURETTE, STOOL, BIOPSY, Y-YELLOW, B-BLUE, UA-URINE, RY-ROYAL BLUE, 24IU/24HRS, R-RED

ACCOUNT INFORMATION
PATIENT DATA (PLEASE PRINT CLEARLY)
LAST NAME, FIRST NAME, S.S.N., SEX, AGE, BIRTH DATE (M / D / Y), PHONE (REQUIRED), PATIENT ADDRESS, CITY, STATE, ZIP CODE

BILL MEDICARE, PREFIX, MEDICARE (INCLUDE PREFIX OR SUFFIX), SUFFIX, ICD-10 DIAGNOSES CODE
BILL MEDICAID, MEDICAID NUMBER, ICD-10 DIAGNOSES CODE
BILL INSURANCE, INSURANCE GROUP, INSURANCE POLICY NO., ICD-10 DIAGNOSES CODE, INSURANCE PHONE NO., INSURANCE ADDRESS
BILL ACCOUNT, OTHER. PLEASE ATTACH COPY OF VALID ENROLLMENT CARD, REFERRING PHYSICIANS NAME AND SIGNATURE

AUTHORIZATION I hereby authorize the release of information to the services described here and hereby assign any benefits to which I am entitled to I HAVE READ AND KNOWLEDGE THE BENEFICIARY AGREEMENT AS IT APPEARS ON THE REVERSE OF THIS FORM. I HAVE READ THE ABN ON THE REVERSE. IF MEDICARE DENIES PAYMENT, I AGREE TO PAY FOR THE IDENTIFIED TEST(S).
UPIN#, NPI#, MEDIPASS AUTH#
PATIENT'S SIGNATURE, DATE

NOTE: WHEN ORDERING TEST FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIAN SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT.

Table with columns: PANELS, CHEMISTRY CONT., CHEMISTRY CONT., and various test codes and descriptions. Includes tests like 100 COMP. METABOLIC PANEL, 101 BASIC METABOLIC PANEL, 102 CMP + CBC, etc.

STAT CALL