NORTHERN PLAINS LABORATORY, L.L.C.

401 N. 9th Street Bismarck, North Dakota 58501-4507 Phone (701) 530-5700 • Fax (701) 530-5707 (800) 645-1003

					(800) 643-1	003		
LAST NAME FIRS	ST NAME	DATE OF BIRTH	GENDER FASTIN	ш				
		mo / day / year	M F NONFA		LLEOTED			
Check proper box for billing: In the following information must be co	nstitutio moletec		SPECIMEN COLLECT	ED TIME CC	AM			
IN CARE OF:	IIIpietet	Tior Fatient Billing.	mo / day / year		РМ			
PATIENT ADDRESS			⊣ =	nole Blood _	Slides		highlighted in blue may require a signance Beneficiary Notice of noncov	
CITY		STATE ZIP	Urine Volume	e	ml		Form found at	
INCLIDED ON NAME (If different force Defend)		DELATIONIQUID TO INQUIDED	Time _ PHYSICIAN / PROVII	DED.	_hrs.		//northernplainslab.com/ care Compliance is Mandatory and	Regulated.
INSURED'S NAME (If different from Patient)		RELATIONSHIP TO INSURED SELF CHILD SPOUSE OTHER	PHYSICIAN / PROVIL		For the laboratory to bill properly and receive payment for tests you have ordered for Medicare Beneficiaries			
MEDICARE I.D. NUMBER			SECURE FAX # FOR	LAB RESULTS:			lust include Dx codes for each test ord I that the Dx codes you provide to us	
MEDICAID I.D. NUMBER			_			on the	ith those recorded in the patient's mede date of service. Only tests that are	e medically
BLUE SHIELD I.D. NUMBER						non-app	sary for the diagnosis or treatment of proved screening tests will not be reim	
COMMERCIAL INSURANCE POLICY #			position that a physi	cian who orders	s medically unn	ecessai	spector General takes the ry tests for which Medicare or Medica Ities under the False Claims Act.	id
COMMERCIAL INSURANCE ADDRESS			A DIAGNOSIS	CODE IS F	REQUIRED	FOR I	EACH TEST ORDERED.	
Dx Code PANELS	CPT	Dx Cod€ Cl	HEMISTRY	C	PT Dx Co	ode	MISCELLANEOUS	CPT
Chemistry, Basic Metabolic (C8)	80048	O Amylase (A		821			HCG, Beta quant (HCG)	84702
O Calcium (CA) O Carbon Dioxide (CO2)	82310 82374	O CEA (CEA) O Cortisol,		823 1. (CORT) 825			Pregnancy, S (PREG) Pregnancy, U (PREGU)	84703 81025
O Chloride (CL)	82435	O CK, Total (C		825			Urinalysis w/micro (USM)	81001
O Creatinine (CRE)	82565	O C-Reactive		861		o	Urinalysis, reflex to micro (US)	81003
O Glucose (GLU)	82947		Protein-High Sens (C			0	Urinalysis, reflex to micro & cult (U	JSR) 81003
O Potassium (K)	84132	O Estradiol (E		826		de	*CULTURES	CPT
O Sodium (NA) U Bun (BUN)	84295 84520	O Ferritin (FEI		827 827		·F·		
Electrolytes (ELEC)	80051	O FSH (FSH)		830				
O Carbon Dioxide (CO2)	82374	O GGT (GGT)		829				87070/87205
O Chloride (CL)	82435	O Glycosylate		830			inc gram stain, anaerobe & aerobe	cult
O Potassium (K)	84132	O Iron (IRON)		835 836		0	Blood (BLC)	87040
O Sodium (NA) O Lipid Panel (LIPID)with Reflex to LDLD	84295 80061	O LDL Direct	nydrogenase (LD)	837			Time Time	
when Trig > 400		O Lipase (LIP		836		0	Eye/Ear (EYERC)	87070
O Lipid Panel without Reflex to LDLD (LIPID)		O Luteinizing		830			Fungal Skin (FUNGS)	87101
O Cholesterol (CHOL)	82465	O Magnesium		837		0	Fungal Other (FUNG)	87102
O Triglyceride (TRIG) Hepatic Fun@tiohD(L[VID]L)	84478 80078	O Microalbum O Phosphorus		82570/820 841			Genital (GENC)	87070
O Albumin (ALB)	82040	O Progesteror		841			Group B beta Strep (GBBSC) HSV 1&2 (HSVAM)	87081 87529 x2
O Alkaline Phosphatase (AP)	84075	O PSA, Diagn		841				87070/87205
O ALT (ALT)	84460	O PSA, Scree	en (PSAS)	84153 or G01	03		MRSA (MRSA)	87081
O AST (AST)	84450	O Rheumatoid		864				87070/87205
O Bilirubin, Direct (DB)	82248	O Transferrin(e, Total (TESTO)	844 844		0		45/87046 x3/
O Bilirubin, Total (TB) O Total Protein (TP)	82247 84155	O Uric acid (U		845			inc Salmonella, Shigella, Campylobact E.Coli 0157, Aeromonas, Shiga Toxin	er, 87899 x2 1&2
Thyroid Function Tests	0+100	O Vitamin B12	2 (B12)	826	607	0	Throat (TC)	87070
O TSH (TSH)	84443		25 Hydroxy (VD25)	823			Urine (UC)	87086
O Free T4 (FT4)	84439		MUNOLOGY		PT * Refere	nced st	tandards of practice for microbiology	/ are
O Free T3 (FT3) Hepatitis Tests	84481	O ANA with F	Reflex (ANARJ)	8603 8603			laboratory. Cultures will reflex identi ity when appropriate.	ilication
O Hepatitis Bs Ag (HBSAG)	87340	O Helicohacte	er Pylori Stool Aa (HP		-		ADDITIONAL TESTS	
		O Mono Scre	en (MONO)	863	08		ADDITIONAL ILUIO	
O Hepatitis A Ab, IgM (HAVA) Hepatitis C Ab (HCV)	86709 86803			865				
O Hepatitis Bs Ab Igm (HBSAB)	86317		OAGULATION in Time (PT)		PT			
O Hepatitis Bc Ab (HBCM) O Hepatitis Panel, Acute (AHP)	86705 80074	Dx Code O Prothrombi	in Time (PT)	8561 8573				
(inc. HBSAG, HAVA, HCV, HBCN		0 CRC M/0 NL		850				
O Iron Panel with IBC (IRNP)	,	O CBC w/Auto		850				
O Iron (IRON)	83540	O Hemoglobin	nual Diff (CBCM)	85027/8500 850				
O Iron Binding Capacity	83550	O Sed Rate (E		856				
O Ferritin (FER) O Iron with IBC (IRS)	82728	O WBC (WBC		850				
O Iron (IRON)	83540							
O Iron Binding Capacity	83550							

Northern Plains Laboratory, LLC

401 North 9th Street

Bismarck ND 58501-4507 701-222-

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800-659-0395

rest(s) \mathbf{r}	y not pay for the Test(s) below. Reason Medicare May Not Pay:	Estimated Cost
Ask us any questions thatChoose an option below a	an make an informed decision about your care. you may have after you finish reading. bout whether to receive the Test(s) listed above. or 2, we may help you to use any other insurance that you r do this.	might have, but Medicare
OPTIONS: Check	only one box. We cannot choose a box for you.	
official decision on payment, Medicare doesn't pay, I am rumSN. If Medicare does pay, I option 2. I want the Te responsible for payment. I can option 3. I don't want to	st(s) listed above. You may ask to be paid now, but I also which is sent to me on a Medicare Summary Notice (MSN). esponsible for payment, but I can appeal to Medicare by fo you will refund any payments I made to you, less co-pays st(s) listed above, but do not bill Medicare. You may ask to annot appeal if Medicare is not billed. The Test(s) listed above. I understand with this choice I am I cannot appeal to see if Medicare would pay.	I understand that if ollowing the directions on the or deductibles. b be paid now as I am

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