**VERBAL ORDER AND TEST ADD-ON AUTHORIZATION**

**Attention Provider**:

Written authorization is required for all verbally ordered clinical laboratory tests (Federal law 42 CFR 493.1105) within 30 days of the verbal order being given. We will proceed with the order, but PDI is not allowed to bill patients or third party payers without written authorization. Please assist us by providing the information and authorization needed to complete this laboratory order.

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| --- |
| **Provider Name & Client Number**  Click here to enter text. |

**Provider Contact Information**

|  |  |
| --- | --- |
| Contact Name Click here to enter text. | |
| Contact Phone Click here to enter text. | Contact Fax Click here to enter text. |

**Patient Name**

**Accession #** Click here to enter text.

**Specimen Collection DatE**  7/6/2011

**Original ICD-9 Code**

|  |  |  |
| --- | --- | --- |
| **Test CODE** | **Test Name** | **ICD-9 Code** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Signature of Physician or Authorized Designee (Required)**

Confirmation of this request needed? \_\_\_\_\_\_\_\_\_  Fax  Phone

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**PDI internal use only**

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| --- | --- |
| Form Received Date: Click here to enter text. | New Accession #: Click here to enter text. |
| Processed By: Click here to enter text. | |