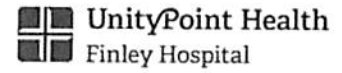




Physician Order

Finley Hospital Lab
Fax: (563) 589-2693
Phone: (563) 589-2431



Form with fields for Patient Name, D.O.B., SEX, Collection Date, Patient Address, Patient Phone Number, Phleb, Ordering Provider, Provider's Signature, Date, DXCODE(S), STAT, Call To, Fax To, Insurance Info, Patient Instruction, Do this blood test, Fasting, Non Fasting.

Table with columns: X, PANELS, CPT Code, X, GENERAL, CPT Code, X, HEMO & COAG, CPT Code. Rows include Basic Metabolic, Comprehensive Metabolic, Electrolyte, Hepatitis, Lipid, Liver Function, Renal, and various other tests.

Notification to Providers and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

Table with columns: Test Name, CPT Code. Rows include Microalbumin, HCG, Urine, Creatinine, etc.

