STANDING ORDER FORM

Compliance Review Form

333-5188 ***FAX FORM***

MEADVILLE MEDICAL CENTER LABORATORY

This form is intended for standing orders only. Please place routine orders on the *Lab Request Form*. ***Physician signature is required.***

Patient Name Last First MI		❒ Male ❒ Female
Date of Birth	SS#	Date of current request
Physician Name	Copy of report to:	
Physician Signature		

Place each test ordered on a separate line, with the corresponding ICD-10 code and frequency desired for the test. This order will be valid for six (6) months.

TEST ORDERED	**ICD-10**	**FREQUENCY**

DATES OF COLLECTION

Nursing agencies- Copy this signed form and present to lab with each specimen. Record dates of collection below. Strike through any previous collection dates.

Notification to Physician 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. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient.