Florida Clinical Lab, Inc.

27 E. Hibiscus Blvd., Melbourne, FL 32901
Phone 321-308-0868 Fax 321-308-0873
M - F 6:30 a.m. - 6:30 p.m. Sat. 8:00 - Noon

SUNTREE'S HEALTHPLEX CENTER
6300 N. Wickham Rd., Ste. 132L, Melbourne, FL 32940
Phone 321-421-8000 Fax 321-421-8002
Monday - Friday 7:30 a.m. - 5:00 p.m.

Laboratory use only:

Yellow	___	SST	___
Cup	___	Lav	___
24 hr. Jug	___	Blue	___
Swab	___	Urine	___

Lab use only

THE INFORMATION BELOW WILL APPEAR ON REPORT - PLEASE PRINT CLEARLY

Patients name (last, first)	Social Security #	DOB	Ordering Physician

Time collected	Date collected	Sex	Nonfasting / Fasting	Surgery: Site:	Surgery: Date:	Billing account#
		M F				

Please complete the information below - Print clearly to prevent incorrect billing

Facility / Patient	Patient name or responsible party	Address	City	State	Zip Code

Insurance name	ID#	Group #

Address	City	State	Zip	Home phone	Work phone

Policy holders name:	Relationship to insured	Employer:

Diagnosis codes must accompany each test ordered

Profiles	dx code
CBC	
Hemogram	
Lipid - CHOL,TRIG, HDL, LDL, VLDL, CHOL/HDL	
VIP - 7 (Basic Metabolic)	
Comprehensive Metabolic	
Hepatic Function	
Renal	
Thyroid - T4, T3 UPTAKE, FTI	
Hypothyroid - T4,T3 UPTAKE, FTI, TSH	
Anemia - B12, FOLATE, FE/TIBC, FERRITIN	
Iron/Tibc - FE, TIBC, UIBC, %SAT	
Arthritis - URIC ACID, ANA, RA, CRP, ASO	
Hepatitis A,B,C	
Electrolytes	
ADDITIONAL TESTS:	
Vancomycin Trough	
Vancomycin Peak	
Gentamycin Trough	
Gentamycin Peak	
Draw	
P9603	
P9604	

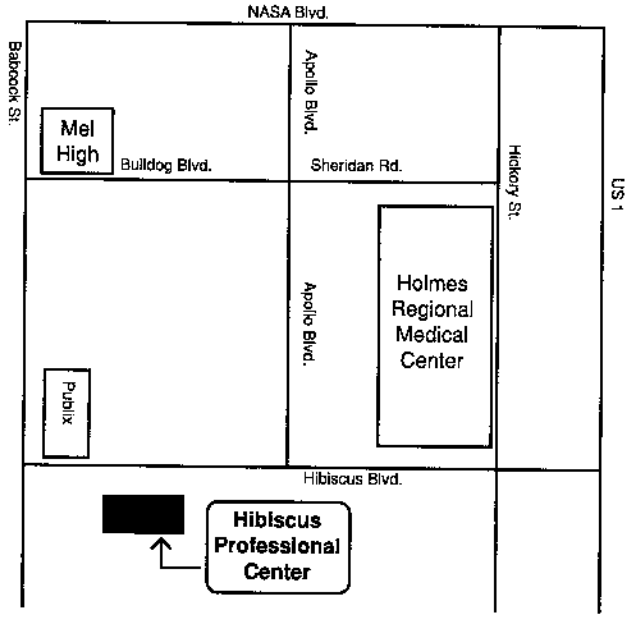
Theraputic drugs	dx code
Digoxin	
Dilantin	
Theophylline	
Valproic Acid	
Tegretol	
Phenobarbitol	
Procain/NAPA	
Quinidine	
Lithium	
Last dose -	
Next dose -	
Single test(s)	
Ammonia Level	
Amylase	
ANA	
ALT	
AST	
Blood Culture	
BUN	
CA 125	
CA 15-3	
CA 19-9	
CA 27.29	
CEA	
Cholesterol	
CK	
Cortisol	
C - Reactive Protein	
Creatinine	
Creatinine Clearance	

	dx code
Estradiol	
Ferritin	
FSH	
Glucose	
Glycohemoglobin(A1C)	
GGT	
HCG (quant.)	
Homocysteine	
HDL	
Hepatitis C Ab.	
HGB & HCT	
HIV	
Immunoglobulins (GAM)	
Iron	
LDH	
LH	
Lipase	
Magnesium	
Microalbumin (urine)	
Mono Screen	
Occult Blood	
Potassium	
Pre-albumin	
Pro-BNP	
Pregnancy Test (qual.)	
Prolactin	
PSA	
PT	
PTT	
RA Factor	
Retic count	
RPR	

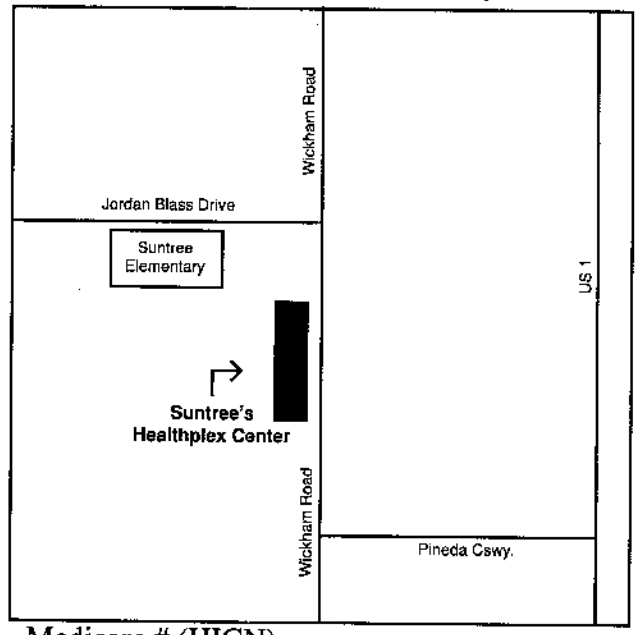
	dx code
Sed Rate	
T3 Free	
T3 Total	
T4 Free	
T4 Total	
Troponin	
Testosterone	
TSH	
Total Protein UA	
Triglycerides	
Uric Acid	
Urinalysis	
Vit B12	
Folate	
Microbiology	
Source:	
Culture/Sensitivity	
O & P	
C. Difficile	
Fecal Leukocytes	
Gram Stain	

Physicians signature: X_____ **Date:**_____

Melbourne location at Hibiscus Professional Center



Suntree location at Suntree's Healthplex Center



Patient's Name:

Medicare # (HICN):

Advanced Beneficiary Notice (ABN)

NOTE: You need to make a choice about receiving these laboratory tests.

We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and service when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:

Medicare does not pay for these tests for your condition	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests

The Purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should **read this entire notice carefully.**

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you (Estimated Cost:$_____).

in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX, SIGN & DATE YOUR CHOICE.

❑ **Option 1. YES. I want to receive these laboratory tests.**
I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for laboratory tests and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision

❑ **Option 2. NO. I have decided not to receive these laboratory tests.**
I will not receive these laboratory tests. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.

Date

Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.