LMH Health
A partner for lifelong health

Misc.Form Required for ALL Miscellaneous Ref Lab Tests

Aug. 2019

Date	
Tech/Processor Name	
Patient Name:	
Accession #	
Test Name	
Ref. Lab Name & Specimen Requirements	____ ARUP, Test#_____ ____ Other Lab:_____ Specimen Requirements:
CPT (list all)	
LMH Cost	

If cost of test is Greater than $500 AND OP or SOL Continue with Questions Below
& Contact a Supervisor whenever possible

Ordering Provider:_____

- Contact provider to inform them the cost of this test is higher than most laboratory tests (provide approximate costs)
    - ask if they still want to order this test (provide alternatives if applicable)

- Contact Patient to inform them the cost of this test is higher than most laboratory tests (provide approximate costs)
    - Provide the patient with the opportunity to contact the PreService Center (ph. 505-3760) Prior to Testing

- Genetic Test?

_____Yes-MAY REQUIRE insurance PRECERTIFICATION

____No