

Client: **St. Elizabeth Home 109 S. Atwood Ave Janesville, WI 53545 P: 608.208.1355**
F: 608.752.6436

SSM Health
 ST. MARY'S
 JANESVILLE
 LABORATORY
 SERVICES
 3400 E. Racine St
 Janesville, WI 53546
 608.373.8000

Label

Name: _____
 (Last) (First) (MI)

DOB ____ / ____ / ____ Sex M F

Physician full name _____

SMJN will bill ST ELIZABETH when insurance below selected. Please select CLIENT BILL when entering requisition into EPIC system.

- Medicare Part – A (Please Bill Client)
- Patient is Managed Care (Please Bill Client)

SMJN will bill insurance directly. Please select PATIENT BILL when entering requisition into EPIC system.

- Patient is Medicare Part-B Medicare Part B #: _____ Does Resident Have Supplemental Ins? Yes No
- Supplemental Insurance Carrier: _____ Group #: _____ Policy #: _____
- Patient is Medical Assistance MA #: _____

Collected: ____ / ____ / ____ Time: ____ AM / PM Drug Levels - Last Dose ____ / ____ / ____ Time: ____ AM / PM Culture Source _____

* Call /Fax (Circle One) Urgent Results To: _____ at: _____ or after 5 pm at: _____

✓	ICD-10	#	TEST NAME	✓	ICD-10	#	TEST NAME
		2401	PT-INR				
		2026	CBC			7537	OCCULT BLOOD FECES (NON CANCER SCRNM)
		2029	CBC with Auto Diff			4851	C. Diff Toxin
		1669	CMP			4160	Culture Routine
		1735	BMP			4084	Culture Blood
		1699	BNP (B-TYPE NATURIURETIC PEPTIDE)			90393	Culture MRSA
		1160	TSH				
			OTHER:			7530	UA with reflex to Micro
						7502	UA with reflex to Micro and Culture <input type="checkbox"/> Midstream <input type="checkbox"/> Straight Cath
						4047	Culture Urine <input type="checkbox"/> Midstream <input type="checkbox"/> Straight Cath