

**TriHealth Laboratories**  
**TriHealth Test Directory**  
**Requisitions and Billing Information**

Each test requisition is preprinted with the client's name and account number. If any required information is missing, the requisition may be returned to your office for completion.

- Specimens collected at physician offices are billed at current POV (physician office visit) pricing.
- Specimens collected at hospital affiliated outpatient labs will be billed at current hospital pricing.
- Self-pay patients may be eligible for discounting and should refer to the reverse side of their statements for more information.
- A list of the current laboratory fees are available upon request.

**\*\*Always print clearly on the requisitions\*\***

**GENERAL LABORATORY TESTS**

1. Provide the patient's complete last name and first name, sex, date of birth, social security number, and date of collection.
2. Provide complete Medicare, Medicaid, or other insurance information if direct billing is required. Attach a copy of the insurance card and patient data sheet if possible. See **Billing Information Requirements**.
3. Check the appropriate box(es) for the test(s) desired.
4. If the test is not listed on the form, check "Other Tests" and use the space at the bottom of the form to write in the desired test(s).
5. Provide the ICD-10 diagnosis code(s) for each test requested.
6. If notification by fax or telephone is required, check the "Fax to" or "Call to" box and list the fax or phone number to which the results should be communicated.
7. Remove the client copy of the requisition for your records.
8. Place the specimen(s) in the zippered portion of the specimen transport bag provided. Place the requisition in the outer pocket of the bag.

**PAP SMEARS AND BIOPSIES**

Use a Cytology/Histology requisition to order ThinPrep® pap smears, non-genital cytology, or biopsies.

1. Date of collection
2. Patient's complete last name and first name
3. Patient's date of birth, age, sex, and social security number
4. ICD-9 diagnosis code(s)
5. Date of last menstrual period (LMP)
6. Source of specimen
7. Check the appropriate box(es) for the test(s) desired.
8. Other relevant clinical information (e.g., abnormal bleeding, previous abnormal cytology, pregnancy, post-partum, etc.)
9. Provide complete Medicare, Medicaid, or other insurance information if direct billing is required. Attach a copy of the insurance card and patient data sheet if possible. See **Billing Information Requirements**.
10. Remove the client copy of the requisition for your records.
11. Place the specimen(s) in the zippered portion of the specimen transport bag provided. Place the requisition in the outer pocket of the bag.

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***BILLING INFORMATION REQUIREMENTS***

It is essential that complete and accurate billing information be sent with the specimen(s). Print all information clearly. If possible, attach a copy of the patient's insurance card and a copy of your patient data form to the laboratory requisition. Required billing information includes:

- patient's name (exactly as it appears on the insurance card)
- patient's date of birth
- patient's address
- patient's social security number
- name of insurance plan
- address of insurance plan
- policy number
- group number
- subscriber's information if different from patient
  - name, address, date of birth, social security number, marital status, and employer
  - relationship to patient
- guarantor name and address if patient is under 18.
- ICD-10 code(s) for the test(s) requested