ADD-ON FORM

CHI Health Laboratory
7500 Mercy Rd
Omaha, NE 68124

Office or Clinic Location:

Phone:	Fax:

Patient Name:	Date Specimen Collected:
Office Chart #:	Patient Date of Birth:
ADDITIONAL TESTS:	Ordering Provider:

You must provide us with a *numeric* diagnosis code (Narrative codes will not be accepted) that documents the medical necessity for the test(s) ordered. If patient is on Medicare, please refer to NCD/LCD guidelines to ensure medical necessity is met. Attach ABN if medical necessity is not met. If the patient is not present, and medical necessity is not met, your office may be billed.

NUMERIC Diagnosis Code: (**REQUIRED**)	
Physician or Non-physician Practitioner (MLP) Signature:	Date:

PLEASE FAX THIS FORM TO (402) 717-5252

Laboratory Site: CHI Health Laboratory, Creighton University Medical Center- Bergan Mercy, 7500 Mercy Rd, Omaha, NE 68124 Phone: 402-717-5227 Fax: 402-717-5252

FOR LAB USE ONLY

Date order received in the lab:	By:	
Is specimen age and condition acceptable for testing? ☐ Yes ☐ No		
If no, explain why:		
If no, person at clinic notified:	Date:	Time:

Check one response: ☐ ORDER CONFIRMED ☐ UNABLE TO PERFORM	
Additional Comments, if needed:	
Initials:	Date: