



1111 6th Avenue
Des Moines, IA 50314
Phone 515-247-4471
Fax 515-643-8832

Location Location ID

ADDRESS

CITY STATE ZIP

PHONE

Ordering Provider (NPI):

Ordering Provider (Print):

☐ Fax To # ☐ Call To #

For MercyOne DSM Lab Use Only

Date/Time Rcvd: Initials: | RQ#:

MRN # Courier Tracking #

Patient Information

Patient Full Legal Name (Last, First)

Date of Birth: / / Sex: ☐ Male ☐ Female

Phone # SSN #

Address

City, State, Zip Code

Collection Date: Date of Surgery:

Collection Time:

Billing Information

☐ Bill Office/Facility/SNF/Skilled

☐ Bill Insurance (Attach Insurance Card(s) **ICD-10 Codes Needed**

☐ Bill Patient

☐ ABN Attached

ICD-10 Code(s)
(Required to Bill Insurance)

- 1.
- 2.
- 3.
- 4.
- 5.

Medicare will only pay for tests that meet the medicare definition of "Medical Necessity." Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is ordered as a screening test, is ordered too frequently or does not meet medicare coverage criteria, be certain the patient has signed an Advance Beneficiary Notice (ABN).

Surgical Pathology Requisition Form

CLINICAL INFORMATION, DIAGNOSIS AND SPECIAL REQUESTS:

PROCEDURE:

SPECIMEN	FINDING	PROCEDURE
A (1)		
B (2)		
C (3)		
D (4)		
E (5)		
F (6)		
G (7)		
H (8)		

For MercyOne DSM Lab Use Only

Case # AP Initials