

Authorization to Perform Laboratory Tests



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Date: _____ Client Name: _____

Ordering Physician: _____ Client Phone #: _____

Please call Customer Service at 651-232-3500, option #5, to determine if specimen is available and acceptable for add-on test.

The HML representative I spoke with was _____

To authorize the testing described below, please complete this form and return by fax to:
HealthEast Medical Laboratory
Fax Number: 651-232-3370

<i>Test Requested</i>	<i>Symptom / Diagnosis Code</i>
_____	_____
_____	_____
_____	_____

Patient Name: _____

Social Security #: _____ Date of Birth: _____

Authorized Signature: _____

When Medicare reimbursement is sought, only order tests which are medically necessary.