

BAYCARE LABORATORIES

Home Draw Request Form • Fax 727-733-3973 • Phone 727-394-6748

8am-12pm Monday-Friday

FAX AT LEAST THREE DAYS IN ADVANCE TO ALLOW FOR SCHEDULING

ACCOUNT INFORMATION

Person Requesting: _____
Office: _____ Phone: _____
Ordering Physician: _____
(First and Last Name Required)
Dr. Address: _____
Dr. Phone: _____
Call results to physician? ☐ Yes ☐ No
Doctor's FAX: _____
Fax results to physician? ☐ Yes ☐ No
Copy results to: _____
Fax copy to #: _____

BILLING INFORMATION

Insurance / Medicare B / Medicaid / Self Pay
Note: MSP Form Required on all Medicare patients.

Company: _____ Group: _____

Address: _____
(document claim address or submit front/back copy of insurance card)

ID #: _____

Diagnosis Code _____ (required)

☐ Patient on Anticoagulant Therapy

***Note:** If Medicare patient and diagnosis code does not support medical necessity, please complete and attach ABN form indicating that the patient has accepted responsibility for payment if charges are denied by Medicare.

ORDERING PRIORITY

Routine Standing Order
Timed Collection STAT

COLLECTION

Day

Date

If standing order...Frequency: _____

Start date _____ End date _____

*Please fax order each time collection is required.

Name: _____
Last First MI

DOB: ____/____/____ SSN#: _____

Sex: M / F Phone: _____

Address: _____

City: _____ Zip Code: _____

Special Instructions: _____

TESTS

CBC Comp Metabolic Panel (Na, K, Cl, CO₂,
Glu, BUN, Creat, Ca, TP, Alb, AST, Alk Phos, T Bili, ALT)
Lytes Digoxin
PT BUN/Creat
H&H Basic Metabolic Panel
(Na, K, Cl, CO₂, Glu, BUN, Creat, Ca)

Other: _____

***Note:** Tests contained within panels may also be ordered individually.

For Lab Use Only

Date: _____ Time: _____ Phleb: _____

MSP Form Needed

ABN Form Needed

Mileage _____ Venipuncture

Comments: _____

Definition of "Homebound" Status (must be completed by ordering medical professional)

Synonymous with confined to the home, as for medical reasons. "204.1 - An individual does not have to be bedridden to be considered as confined to home. However, the conditions of these patients should be such that there exists a normal inability to leave the home, and consequently, leaving their home requires a considerable and taxing effort....It is expected in most instances, absences from the home that occur will be for the purpose of receiving medical treatment." CMS: HHA Manual - Pub. 11, Revision 227

I hereby confirm that this patient meets CMS homebound criteria by the presence of my signature below.

Ordering Medical Provider Signature

Date