

# HOME VISIT REQUEST FORM



## Apex Laboratory, Inc.

110 Central Ave.  
Farmingdale, NY 11735-6906  
Tel: 631-753-3900 Fax: 631-753-3910  
Toll Free Fax: 1-877-521-8482

Nassau, Suffolk, Queens, Brooklyn  
FAX: 631-753-3910  
Manhattan, S.I., Bronx, Westchester  
FAX: 914-963-4709  
Order ONLINE via our web based  
Scheduling system, [www.apexlabinc.com](http://www.apexlabinc.com)  
(registration required)

**THIS ORDER IS FOR A  
MEDICALLY NECESSARY  
HOME DRAW  
(See 1 Below)**

Check(  ) this box to indicate that the patient should be billed for the house call (See 2 below)

### \*PHYSICIAN / AGENCY

### PATIENT INFORMATION

Agency ( If Applicable )

\*Patient SS# or other unique identifier

Physicians Last Name

Physicians First Name

\*Patient Last Name

\*Patient First Name

Address

\*Sex  Male  Female

\*DOB / /

City

State

Zip

Address

Physicians/Agency Telephone  
( )

Physicians/Agency Fax  
( )

City

State

Zip

NPI #

Patient Home Telephone  
( )

Patient Cell Phone  
( )

### TEST(S) REQUESTED

FASTING:  YES  NO

Alternate Contact

\*TEST(S) NAME

\*DIAGNOSIS (see 3 below)

Alternate Contact Number ( )

### \*BILLING INFORMATION

PLEASE CHECK (  ) ONLY ONE – Your Primary Insurance Company

MEDICARE # \_\_\_\_\_

RAILROAD MEDICARE # \_\_\_\_\_

GHI MEDICARE # \_\_\_\_\_

BILL PATIENT

BILL AGENCY

OTHER INSURANCE NAME \_\_\_\_\_

OTHER INSURANCE # \_\_\_\_\_

POLICY HOLDERS NAME: (If not patient)

Patients Relationship to Policy Holder

SELF  SPOUSE  DEPENDENT

**IMPORTANT:** To find out all insurances accepted please visit  
[www.apexlabinc.com](http://www.apexlabinc.com)

### WE WILL NOT PROCESS THIS ORDER WITHOUT AN APPROPRIATE DIAGNOSIS.

IF THIS SECTION IS NOT COMPLETED, ONLY ONE VISIT WILL BE SCHEDULED

Select Schedule :

One Time Only

Weekly - please circle - 1X 2X 3X (indicate day(s) below)

Bi-Weekly (every other week) (Indicate day below)

Monthly- every \_\_\_ month(s)

\*Start Date \_\_\_\_\_ \*End Date \_\_\_\_\_ or

number of months to continue **1 2 3 4 5 6**

Additional information \_\_\_\_\_

Day(s) of Week:  Mon  Tues  Wed  Thurs  Fri

### STANDING ORDERS CAN NOT EXCEED SIX (6) MONTHS

- 1) **Medically Necessary Home Visits** – By sending this request, the ordering physician is certifying that the patient is homebound and that both the home visit and the lab test(s) that are being ordered are medically necessary.
- 2) **Patient Billable Home Visit** – For the patients that are not categorized as homebound, but request a phlebotomist come to their home, Apex Laboratory, Inc. will bill them \$20.00 (subject to change) for the home visit and charge their insurance carrier for the draw and the test(s).
- 3) **ICD-9 Diagnosis Codes** – Medicare requires a diagnosis for every test ordered and a specific diagnosis for certain tests categorized as “Medicare Limited Coverage Tests”. Without an appropriate diagnosis code (a narrative is acceptable), Medicare will not pay for the test(s), and we will not schedule these test(s).

**\*ARE REQUIRED WITH EVERY ORDER**

Revised 9/2011