



Apex Laboratory, Inc.
Home Visit Laboratory Services
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www.apexlabinc.com
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Home Visit Request Form

Phone: 561-279-1852

Fax: 561-279-1853

Patient Demographics:

Patient SSN#: _____ DOB: _____/_____/_____
 Patient Last Name: _____ First Name: _____ Sex: _____
 Male: Female:

Ordering Provider(s) Information:

Agency Name: _____ Account#: _____
 Physician Last Name: _____ First Name: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI: _____
 CC: Results to additional Doctor/Pharmacy: (Name and Fax#)

Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Alternate Contact: (Name and Phone#)

Insurance Information:

Medicare #: _____ Bill Agency: _____
 Other: _____ Bill Patient: _____
 Plan: _____
 Member ID: _____
 Policy Holder Name and Relationship (If not Patient): _____

Test Information:

Test(s):	Diagnosis and/or ICD-10 Code
1	
2	
3	
5	
6	
7	
8	
9	
10	
Misc.:	

****Helpful Hints from Apex****

- Schedule visits online and view results by logging into your account at:
 - www.apexlabinc.com
- To prevent delays in scheduling please remember the following:
 - Be sure that this form is **COMPLETELY** filled out
 - A diagnosis is **REQUIRED** for all requested test(s)
 - Fax orders **no later than 5pm** the day before the visit is needed
 - Include **DOSE TIME** for all trough levels. Visit will be scheduled prior to dose

Frequency:

One Time Only
 Weekly _____ x Weekly
 Bi-Weekly (Every Other Week)
 Monthly Every _____ Month(s)
 Start Date _____ End Date _____ (Can't exceed 6 months)
 *End date required for standing orders. If end date not indicated, orders will be placed for 6 months.
 Orders can be cancelled or updated at anytime by contacting Apex.
 Days of Week: Mon. Tues. Wed. Thurs. Fri.

NEED HELP WITH ICD 10 CODES?

- Visit us online at www.apexlabinc.com
- Click on the "Help with ICD-10 Codes" link
- Search common ICD9- to ICD-10 translations

- Search ICD-10 codes by name
- Find valid ICD-10 codes for Limited Coverage Tests
 - (PT/INR, Lipids, Thyroid Studies etc.)

- 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
- 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 \$25.00 (subject to change) for the home visit and charge their insurance carrier for the draw and the test(s).
- ICD-9/ICD-10 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).

THIS ORDER IS FOR A MEDICALLY NECESSARY HOME VISIT (See 1 to Right)

If the home visit is NOT Medically Necessary, check this box to indicate that the patient should be billed for the home visit