Avera McKennan Regional Laboratory Requisition Instructions

To help our billing process work efficiently please follows these Instructions for completion of our laboratory requisitions billing selections are listed below:

**Bill Insurances**

- Place an X next to the Bill Insurance
- Patient’s complete name
- Parent or guardian *(if the patient is under 18 years of age).*
- Street address, City, state, zip code
- Date of Birth
- Sex
- Collection date & time
- Collected by
- Client ID (if required)
- Diagnosis
- Physician (first & last names)
- Special instructions (please be precise)
- Specimen type & information
- Complete insurance information for both primary and secondary *(if applicable)*
- Place an X next to each test ordered

**Bill Medicare Primary, Medicare Secondary, Medicaid**

- Place an X next to the appropriate billing box
- Patient’s complete name
- Parent or guardian *(if the patient is under 18 years of age).*
- Street address, City, state, zip code
- Date of Birth
- Sex
- Collection date & time
- Collected by
- Client ID (if required)
- Diagnosis
- Physician (first & last names)
- Special instructions (please be precise)
- Specimen type
- Specimen information
- Medicare or Medicaid number / numbers
- Place an X next to each test ordered
- Link specific diagnosis to each test ordered *(for Medicare)*
Bill Account

- Place an X next to Bill Account
- Patient’s complete name
- Parent or guardian *(if the patient is under 18 years of age).*
- Street address, City, state, zip code
- Date of Birth
- Sex
- Collection date & time
- Collected by
- Client ID *(if required)*
- Diagnosis
- Physician *(first & last names)*
- Special instructions *(please be precise)*
- Specimen type & information
- Place an X next to each test ordered