

RPS Use Only

Accession #: _____

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME			FIRST NAME			MI			COLLECTION DATE	TIME	REPORT	STAT
/ /									___ AM	<input type="checkbox"/> CALL	<input type="checkbox"/>	
DOB			GENDER			PT. ID# / ADDITIONAL INFO			PROVIDER: _____			
/ /			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						(First, Last, MI)			
SSN			BILL TO:			PT. PHONE						
- -			<input type="checkbox"/> RPS Client Account <input type="checkbox"/> Patient Insurance			- - / - - / - -						
PATIENT INSURANCE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED												
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)												
ADDRESS				CITY		STATE		ZIP				
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE												
POLICY ID#						GROUP ID#						
INSURANCE COMPANY								PHONE NUMBER				
INSURANCE COMPANY ADDRESS				CITY		STATE		ZIP				
EFFECTIVE DATE / /												
DIAGNOSIS CODE(S)												
ICD-9/10 #1				ICD-9/10 #2				ICD-9/10 #3				
NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. FOR MORE INFORMATION SEE reglab.org/billingcompliance/												
<input type="checkbox"/> ABN ATTACHED						<input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED						
EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER						EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER						

Testing Requested:

Area for Notes:



Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling Client Services
Toll Free 800-334-0459
Phone 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
Client Services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:
Regional Pathology Services
University of Nebraska Medical Center
668 S 41st St., MSB 3500
Omaha, NE 68105-1180

Transport Instructions: Specimen Handling/Shipping

To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

Questions?

Contact client services at 800-334-0459