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Please circle tests needed and provide relevant ICD10 codes.

Client Bill

Patient Bill

Insurance Bill

CPT	SPECIALTY TESTS	ICD10	CPT	INDIVIDUAL TESTS CONT.	ICD10	CPT	INDIVIDUAL TESTS CONT.	ICD10
36000	Insulin Resistance Test SST		85014	Hematocrit PRPL		84403	Testosterone, Total SST	
82951	Glucose Tolerance Test SST		85018	Hemoglobin PRPL		84432	Thyroglobulin SST	
CPT	PANELS	ICD10	83036	Hemoglobin A1C PRPL		86800	Thyroglobulin AB SST	
80051	Electrolyte Panel SST		86708	Hep A Total AB SST		86376	Thyroid Peroxidase AB SST	
80048	Basic Metabolic SST		86705	Hep B Core IgM AB SST		84478	Triglycerides SST	
80053	Comprehensive Metabolic SST		86317	Hep B Surface AB SST		84481	TTG, IgA SST	
80061	Lipid Panel SST		87340	Hep B Surface AG SST		84443	TSH SST	
80076	Hepatic Panel SST		86803	Hep C Antibody SST		84439	Free T3 SST	
80069	Renal Panel SST		86703	HIV SST		84436	Free T4 SST	
80074	Hepatitis, Acute SST		83090	Homocysteine SST		84550	Total T4 SST	
80055	Prenatal Panel (120)		86677	H Pylori PRPL or Stool		82340	Uric Acid SST	
CPT	INDIVIDUAL TESTS	ICD10	86695	HSV-1 IgG SST		81003	Urine Calcium/Creat Ratio	
82040	Albumin SST		86696	HSV-2 IgG SST		81001	Urine Dip	
84075	ALK Phos SST		82784	IgA, Total SST		87086	Urine Microscopic	
84460	ALT (SGPT) SST		83525	Insulin SST		84156	Urine Culture	
82150	Amylase SST		83540	Iron, Total SST		82306	Urine Total Protein/Creat Ratio	
89600	ABO/RH PRPL		83550	Iron Binding Capacity SST		80164	Valproic Acid	
86850	Antibody Screen PRPL		80178	Lithium SST		82652	Vit D, 1, 25-Dihydroxy	
86038	ANA with Reflex (2) SST		83690	Lipase SST		82607	Vitamin D25 Hydroxy SST	
84450	AST (SGOT) SST		83002	LH SST		82607	Vitamin B12 SST	
82248	Bilirubin, Direct SST		83735	Magnesium SST		CPT	MICROBIOLOGY	ICD10
82247	Bilirubin, Total SST		82043	Malb/Crea Ratio, Urine		87505	CT/NG/TRICH SWAB/UR	
84520	BUN SST		83921	Methylmalonic Acid (MMA) SST		87493	Clostridium Difficile, Stool	
86304	CA-125 SST		84100	Phosphorus SST		87505	Bacterial Panel, Stool	
85025	CBC w/Auto Diff PRPL		84132	Potassium SST		87481	MRSA/MSSA, SWAB	
82465	Cholesterol, Total SST		84702	Pregnancy HCG, Quant. SST		87081	Group B Strep PCR SWAB	
82533	Cortisol SST		81025	Pregnancy HCG, Qual SST		87502	Influenza Screen SWAB	
86140	C-Reactive Protein (CRP) SST		84703	Pregnancy HCG Urine		87651	Strep Screen SWAB	
86141	CRP-High Sensitivity SST		84144	Progesterone SST		87505	Parasite Panel, Stool	
82565	Creatinine SST		80197	Prograf (Tacrolimus) PRPL		87505	Viral Panel, Stool	
82575	Creatinine Clearance SST		84146	Prolactin SST		87040	Blood Culture	
82627	DHEA-S SST		84153	PSA SST		87070	Wound Culture	
83718	Direct HDL SST		83970	PTH SST		Source:		
82310	Calcium SST		85610	Prottime/INR BLUE		Time:		
83721	Direct LDL SST		85730	PTT BLUE		CPT	ADDITIONAL TESTS	ICD10
85652	ESR - Sed Rate PRPL		86480	Quantiferon-TB Plus				
82670	Estradiol SST		86430	RF/Rheumatoid Factor SST				
82728	Ferritin SST		86762	Rubella SST				
82746	Folate/Folic Acid SST		84270	SHBG SST				
83001	FSH SST		86592	Treponema (RPR) SST				
82947	Glucose SST		84402	Testosterone Free SST				

* Panel includes: ABO/RH/Antibody Screen, RPR, Rubella, CBC, HepB Sur Ag, HIV.

PATIENT INFORMATION

* Required Information

* Patient Name: _____

* Sex: M F * DOB: _____ Fasting: Y or N

* Address: _____

Phone: (_____) _____

Referring Physician: _____

Date: _____ Time: _____

* **PLEASE LIST YOUR OFFICE / FACILITY / LOCATION**

INSURANCE INFORMATION (Please attach copy)