

HEAVY METAL REQUISITION DEMOGRAPHICS FORM

<<FORM_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)		CLIENT INFORMATION
Last Name First	MI	
Address Birth Date	Sex 🗆 M 🗆 F	
City County	SS # (patients <6 years old)	
State Zip Home Phone		
Hospital/Physician Office Patient ID #		SAMPLE INFORMATION (REQUIRED)
THE STATE OF OHIO <u>REQUIRES</u> THE FOLLOWING INFORMATION WHEN ORDERING LEAD, CADMIUM,		Collection Date: /
MERCURY OR ARSENIC ETHNICITY: Unknown (;Z) Hispanic (;H) Non-Hispanic (;N)	Other (;0)	Specimen Type:
	Asian (;A) 🔲 Native American (;N)	Venous Blood (;V) or Capillary Blood (;C) Random Urine or 24 hours/volume ml
□ Other	······ (,	PHYSICIAN INFORMATION (REQUIRED)
Name of guardian/parent (if patient is under 16 years of age)		
		Physician Name (please print)
PLEASE COMPLETE THE FOLLOWING SECTION WHEN A COPY OF INSURANCE CARD (FRONT AND BACK) Is not provided.		Address
PRIMARY: Medicare Medicaid (OH only) Other Ins.	Self 🗆 Spouse 🗆 Child	City, State, Zip
Subscriber Last Name First	МІ	Phone UPIN
Beneficiary / Member # Group #		□ Send additional report
Claims Address City	State Zip	Physician:
		Address:
SECONDARY: Dedicare Medicaid Other Ins.	Self 🗆 Spouse 🗆 Child	City, State, Zip:
Subscriber Last Name First	MI	Call Results to phone number: ()
Beneficiary / Member # Group #		□ Fax report to: ()
Claims Address City	State Zip	EMPLOYER INFORMATION (REQUIRED)
WORKER'S COMPENSATION		Patient's Employer (or ;NA)
Laim# Date of Injury ABN: □ No □ `	Yes	Address (or NA)
BILLING INSTRUCTIONS (MUST COMPLETE OR CLIENT WILL BE BILLED)		Address (or ;NA)
BILL TO: Client Patient Medicare Other Insurance		City (or ;NA), State (or ;NA), Zip (or ;NA)
DIAGNOSIS CODE (REQUIRED) ICD-10 Codes		
1 2	3	
MEDICAL NECESSITY NOTICE When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.		
INDICATE TESTS REQUESTED		
□ Arsenic, Blood ASB □ Cadmium, Blood CADM □ Arsenic, Fractionated Urine UASFR □ Cadmium, Urine URCAD □ Arsenic, Hair ARSHR □ Heavy Metals Screen, Whole □ Arsenic, Urine 24 Hr UARSND □ Heavy Metals, Urine UTXM3		Cadmium, Whole Blood Mercury, Blood MERC2 Mercury, Urine 24 Hour UMERC3

Ohio Administrative Codes 3701-30-05 and 3701-32-14 state that any physician or healthcare provider requesting analysis for lead, cadmium, arsenic or mercury shall complete each request with the above information.