



MEDTRON
SOFTWARE INTELLIGENCE



112520 NEWS BLAST

ATTN: ALL MDS PRACTICE PROVIDERS
Requests from Labs

On occasion, laboratories will submit requests for more information from the provider.

Please note, this information must be submitted by the provider/client office; it cannot be submitted by MEDDATA staff; therefore, practice must complete the request and return to LabCorp. It is not necessary to send request to MEDDATA.

Laboratory Corporation of America Holdings
1701 Pineroft Road
Greensboro, NC 27407

Facsimile Cover Sheet
Dear Client :

In an attempt to bill appropriately and timely for our services, we are requesting that your office provide the information indicated on the attached form.

Thank you for your understanding and attention.

Number of pages including cover sheet : 2



Date: 11/04/2020
Please fax returned information to: 844-496-2357
Secondary Fax: 844-496-2356
Phone#: 877-352-4381
Account #:

Please provide the information needed on the patient below. Diagnosis must always be to the Highest Level of Specificity. LabCorp makes no recommendation regarding the use of any particular diagnosis codes. Please sign and date the bottom of the form.

Patient Name: _____ Specimen Number: _____
Date of Birth: _____ Date of Service: _____

Note: Please provide information of the items with (x) mark from the information needed section.

Information Needed	Updated Information (Client Updated)	Comments
<input type="checkbox"/> Ordering Physician's Name		
<input type="checkbox"/> Ordering Physician's UPIN (if available)		
<input type="checkbox"/> Ordering Physician's NPI		
<input type="checkbox"/> ICD-10 Diagnosis Codes (Highest Level Of Specificity)		
<input checked="" type="checkbox"/> Insurance Carrier		
<input checked="" type="checkbox"/> Subscriber Number		
<input checked="" type="checkbox"/> Group Number		
<input checked="" type="checkbox"/> Insurance Address		
<input type="checkbox"/> Patient's Address		
<input type="checkbox"/> Patient's DOB		
<input type="checkbox"/> Patient's Gender		
<input type="checkbox"/> Patient Status (In Patient, Out Patient or Non Patient)		
<input type="checkbox"/> Date Of Injury		
<input type="checkbox"/> Patient ID or MRN(if Available)		
Test Names		

NOTE: User may want to print/send 'Patient Information Sheet', refer to **User Guide: Front Desk**.

LabCorp Comments :

THE INFORMATION CONTAINED IN THIS FACSIMILE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL AND ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR REPRODUCTION OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL FACSIMILE TO US AT THE ADDRESS LISTED ABOVE VIA THE UNITED STATES POSTAL SERVICE. WE WILL REIMBURSE YOU FOR POSTAGE COST. THANK YOU.

Signature of Physician or Designee :

Title of Physician or Designee :

Date :

For assistance or any questions, contact MDS/MSI via:
From **MEDPM** or **MEDEHR** Sign On screens, double click on '**helpdesk@medtronsoftware.com**' to compose an email which will automatically create a ticket in our ticketing system. The ticketing system will then send an automated reply with your ticket # for all future correspondence related to your question/concern.