

Laboratory Services

PATIENT STANDING ORDER REQUEST FOR PHYSICIAN OFFICES

Account Name: _____ Account No: _____

Physician Name: _____

To establish a standing order please provide the information listed below for each test requested. ICD-9 codes must be provided for all tests. Unless indicated all standing orders will be valid for one year.

Please return this form via mail to ENH Laboratory Services, 9811 Woods Drive, Suite H180, Skokie IL 60077 or Fax to (847)663-2101. Standing Orders will not be established unless all information is provided. Standing Orders for EPIC Patients are to be entered directly into the EPIC System by the physician practice.

Patient Name:

Date of Birth: _____ Patient SSN: _____

Patient Address: _____

Billing Information: ☐ Client Bill ☐ Patient Bill ☐ Medicare ☐ ENH IPA Capitated Contract

The following Insurance Information must be provided unless you have selected the Client Bill option

Medicare Number (Including Letter) if this is for a Medicare Patient: _____

Insurance Company Name: _____

Insurance Company Address: _____

Plan/Group Number: _____ Patient ID: _____

Name of the Insured: _____ Insured SSN: _____

Test Code	Test Name	ICD- 9	Effective Date	Expiration Date	Frequency

Physician Signature: _____

Although current guidelines from the Office of the Inspector General (OIG) do not prohibit the use of standing orders, they specifically discourage their use. The guidelines do require that the written orders be obtained, that an expiration date be included and that the order itself does not constitute medical necessity. Additional documentation (an ICD-9 code at a minimum) may be required. OIG warns that the use of standing orders may result in unnecessary testing as defined by Federal Statute.