

REVISED DIAGNOSIS REQUEST FORM



**Michigan Medicine
Laboratories (MLabs)**

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd,
Bldg 35, Ann Arbor, MI 48109-2800

Client Name: _____

Patient Reg or MRN: _____

UMHS MRN: _____

Patient Name: Last _____

First _____

MI _____

Birthdate: _____

Gender: OM OF _____

COLLECTION INFORMATION

Sample Date _____

Accession # _____

Test(s) performed: _____

ORIGINAL ICD-9 OR
ICD-10 CODES

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REVISED ICD-9 OR
ICD-10 CODES

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ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

The insurance claim for the above test(s) will be resubmitted with the revised codes you have provided.

Please fill out the above information and sign. Fax this completed form to MLabs at **734.936.0755**

For more information on how to complete this form, please call us at **800.862.7284**