

Emdeon Clinician

Test Code/Diagnosis Code Request Form

Facility Name: _____

Facility Phone: _____

Contact Name: _____

Contact Email: _____

Lab: _____

Add Codes: _____ Delete Codes: _____

Test Codes

Diagnosis Codes

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete this form and return to the Emdeon Clinician helpdesk at fax # 615-564-4745.

If you have questions, please contact us at 888-505-8691, opt 3

OFFICE USE ONLY

Request received : (date)	_____
Completed:	_____
Contacted site: (date)	_____