House Call Requirement: This service is reserved for patients with significant difficulty leaving their home due to their medical condition, and will be provided only when requested and authorized by a physician who certifies the need. Lack of transportation does not qualify the patient for a house call. This service is not available on evenings, weekends or holidays.

My signature and reason below confirms this patient is eligible for a York Hospital house call.

Reason: ___________________________________________________________

________________________________________  __________________________________________
Physician Signature                                                 Physician Printed First and Last Name

COPY TO: __________________________________________________________

Provide valid Diagnosis Code(s)  Specific orders are required for each visit. Standing orders are not accepted for home bound patients.

☐       ☐       ☐       ☐

Test Orders
☐ Basic Metabolic Panel
☐ Comprehensive Metabolic Panel
☐ CBC & Auto Diff
☐ CBC; No Diff
☐ Lipid Panel
☐ Protime
☐       ☐       ☐       ☐

Send copies of insurance cards.

Include an Advanced Beneficiary Notice (ABN) for non-covered services.

Hospital Use Only
Phlebotomist ID
Date/Time of Draw

LAB-133 Revised 11/15