Bassett Healthcare Network

DUPLICATE ORDERS/CREDIT REQUEST

Patient Name: _____

Medical Record #: _____

Date of Service: _____

Visit numbers: _____

Tests to be credited: _____

_____

_____

Reason for credit:

Duplicate _____

Other _____ (Please specify) _____

Person /Lab requesting credit: _____

Date: _____

Forward to: Lab Billing Office at Bassett Medical Center Laboratory, T1 Clinic Building
Fax: 607-547-5438
Email:LabBillingStaff@bassett.org