



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.
COMMISSIONER

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March 1, 2016

RE: Required Information for Specimen Submission Forms

Dear Colleague,

Please read this information to avoid being billed in the future for testing performed by the Texas Department of State Health Services Laboratory Services Section. Our records indicate that your facility has not provided certain required information on the submission forms sent with your specimens.

Several sections of the specimen submission form have required fields that are clearly marked with a double asterisk “**” (see list below). Failure to complete all required fields may result in your facility being billed for the testing service, regardless of which payor source is selected.

Submitter/TPI Number	Submitter Name and Full Mailing Address
Submitter NPI Number	Submitter Contact Phone and Fax Numbers
Patient Full Name	Patient Full Mailing Address
Patient Date of Birth and Sex	Specimen Date of Collection
ICD Diagnosis Code(s)	Ordering Physician’s Name and NPI Number

And As Applicable for the Payor Source Section:

- Patient Medicare/Medicaid Number *or*
- Payor Source *or*
- Patient Insurance Company Name, Address and Phone Number; Responsible Party Name and Insurance ID Number

If you have any questions regarding completion of the required fields on the specimen submission form, please contact Susan Hoffpauir via email at Susan.Hoffpauir@dshs.state.tx.us or via phone at 512-776-6030.

Thank you for your continued partnership and support.

Sincerely,

Grace Kubin, Ph.D.
Director, Laboratory Services Section

Name of the Addressee

DATE

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