LabCorp
Laboratory Corporation of America

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677)

Send additional copy of report to:
☐ Fax ☐ Cell ☐ Mail
Client Number/Physician's Name | Phone/Fax Number
Physician's Address | City, State, Zip

Dupre Logistics

c/o LabCorp Employer Services
LABCORP WELLNESS VERIFIED
7617 Arlington Road
Bethesda, MD 20814
844-251-6524

ENTER ONLY THE ACCOUNT BELOW

CHECK ONE:
03[X] ACCOUNT BILL:

ACCOUNT NUMBER: 19255540

Patient's Legal Name(Last, First, MI) | Sex | Date of Birth MO DAY YR | Collection Time PM AM | Fasting ☐ Yes ☐ No | Collection Date MO DAY YR | Urine hrs/vol hrs_____vol_____

NPI | UPN | Physician's ID # | Patient's SS # | Patient's ID #

Physician's Name (Last, First) | Physician/Authorized Signature X _____

Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

ORDERING PHYSICIAN
1477523488
DR. DAVID ASHLEY

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity Required

PATIENT
Patient's Address | Phone - -
City | State | ZIP

RESP. PARTY
Name of Policy Holder (if different from patient)
Address of Policy Holder | APT #
City | State | ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
* If Medicaid State / Physician's Provider #	Workers Comp ☐ Yes ☐ No

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.
X _____ Patient's Signature | Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

TRAVEL LOG ID
PST HR# | DATE | LOG#

PLEASE PRINT

[X] 262204
[X] 101300
[X] 001453
[X] 070322

Effective blood draw dates: 10/23/2020 - 11/25/2020

PLEASE PRINT

ORIGINAL-LABORTARY / COPY-CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSISI OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTEED FROM LABCORP. THE INIDVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILL CODES FOR NON-CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.