



Magnolia Diagnostic  
4245 North Central Expressway, Suite 420  
Dallas, TX 75205  
Phone: 972-707-9929  
Fax: 469-759-3325



MGR-0047630

### Patient

Order #: MGR-0047630  
First Name: Alice  
Last Name: MacRoth  
DOB: 03/02/2017  
Address: 5939 Roosevelt Blvd  
Address 2: apt 242  
City: Jacksonville  
State: FL  
Zip Code: 32244  
Phone No: (904) 353-9500  
Barcode:

### Provider

Insurance Type: Medicare  
Physician Name: Sandra Peterson  
NPI: 1548396849  
Facility Name: Legend - The Windsor of Ortega  
Address: 5939 Roosevelt Boulevard  
Jacksonville, FL 32244  
Lab Code: RMAGIMAG  
Performing Lab: Magnolia

### ICD10 Codes

U07.1

### Insurance Details

Insurance Provider:	Medicare	Relationship to Insured:	Self
Group Id:		Policy Id:	3E90J95VH24
Insurance Phone No:			

### Collection

Date Collected:	07/16/2020	Time of Collection:	2:30 PM
Specimen Type:	Nasopharyngeal Swab	Was the Patient Fasting:	No

### Tests

COVID-19

SARS-coV-2 (COVID-19)

### Physician Signature

07/16/2020 12:22 PM

The ordering authorized Health Care Provider understands and hereby acknowledges that (a) the tests ordered are medically necessary for this particular patient, given the patient's clinical condition, and have been recorded in the patient's clinical file and that the Health Care Provider is responsible for assigning and providing specific ICD-10 code(s) to support the medical necessity of any and all laboratory tests; and (b) the Health Care Provider must make a determination that medical necessity exists each time a specimen is submitted.

7/16/2020

about:blank

Alice MacRoth  
DOB 3/2/2017 DOC 7/16/2020



MGR-0047630