

Letter Details



PennCare - Edward S. Cooper Internal Medicine Practice

September 14, 2021

ERIKA BAYLOR  
4948 Sansom St  
Philadelphia PA 19139

Label Here

LabCorp  
COR EDI  
UPHS

537701159

LabCorpCOR EDI - UPHSPage 1 of 1

Account #: 37163565

Order 9/10/2021  
Date:

Req/Control 537701159  
#:

Order 4:34 PM  
Time:

Client / Ordering Site Information:	Physician Information:
<b>Account</b> PennCare Edward S. Cooper <b>Name:</b> Internal Medicine Practice <b>Address:</b> 3701 Market Street 6th Floor Suite 640 Philadelphia PA 19104-5508 <b>Phone:</b> 215-662-2250 <b>Fax:</b> 215-615-3997	<b>Ordering:</b> Bird, Amber-Nicole, MD <b>NPI:</b> 1457649477 <b>UPIN:</b> No UPIN found <b>Physician ID:</b> 1457649477

Order Providers

	Name	MPI ID	Phone
Ordering Provider	Bird, Amber-Nicole, MD	1457649477	215-662-2250
Authorizing Provider	Bird, Amber-Nicole, MD	1457649477	215-662-2250
Supervising Provider			

Ordering Department Reference Lab Account Numbers

LABCORP	QUEST
37163565	19104117

Patient Information:	
<b>Name:</b> BAYLOR, ERIKA <b>Gender:</b> Female <b>Date of Birth:</b> 04/02/1999 <b>Age:</b> 22 y.o. <b>Address:</b> 4948 SANSOM ST <b>City, State Zip:</b> PHILADELPHIA, PA 19139	<b>SSN:</b> xxx-xx-9999 <b>Patient ID:</b> 051764546 <b>Phone:</b> 215-901-9681 <b>Alt Control#:</b> 537701159 <b>Patient CSN:</b> 294347981

Comments:

Order Code	Tests Ordered	(Total: 1)	Count	Interval/Expected Date	Expires
004416	BETA-HCG/QUANT/PREGNANCY	1		Once, Expected: 9/10/2021	

Order Questions:

Responsible Party

Personal/Family

Account Type:

Specimen Source:

(004416) BETA-HCG/QUANT/PREGNANCY: BLOOD

Diagnosis Codes:

Z51.81							
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Bill Type: Patient

Responsible Party / Guarantor Information:

Name:

4948 SANSOM ST

PHILADELPHIA, PA 19139

215-471-6001

Self

Employer Name:

ABN:	Worker's Comp:	N	Date of Injury:
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Insurance Information:

Primary Insurance:	Secondary Insurance:
<div>Ins Co Name:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City, State Zip:</div> <div>Policy Number:</div> <div>Group #:</div>	<div>Ins Co Name:</div> <div>Address 1:</div> <div>Address 2:</div> <div>City, State Zip:</div> <div>Policy Number:</div> <div>Group #:</div>
<div>Primary Policy Holder / Insured:</div>	<div>Secondary Policy Holder / Insured:</div>
<div>Name:</div> <div>Address:</div> <div>Pt Relation to Subscriber:</div>	<div>Name:</div> <div>Address:</div> <div>Pt Relation to Subscriber:</div>

Order Questions

Question	Answer
Release to patient	Auto Release
Responsible Party Account Type	Personal/Family

Note: Choose guarantor. Use Comments for Corp Acct Num only.

Electronically signed by Bird, Amber-Nicole, MD on Sep 10, 2021 at 4:34 PM

This letter was initially viewed by Erika BAYLOR at 9/19/2021 2:51 AM.

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