REQ
Canvas Medical

8625E3AEB44

Account #:
Requisition #:
Bill Type: Third Party

Collection Date and Time: 2022-02-10 10:54 PST
Courtesy Copy: None
Patient: ALANKO, LAVON M *(MRN: 442029696)*

Patient Information	
Name	ALANKO, LAVON M
IDs	SSN: Not recorded Patient ID: 442029696
DOB	01/02/1967 (55 years old)
Sex	F
Contact	Phone: (555) 555-5555 Email: Not recorded
Address	123 Something Street Apt 1, Philadelphia, PA 19063

Client/Ordering Site: Canvas SF	
Name	HINES, ANNALIES
Licenses/ IDs	INTERNAL ID: 6 NPI: 1111155556 Main: A60695
Contact	Phone: (800) 370-1416 Fax: (844) 336-4026
Address	Canvas Clinic San Francisco, 2037 Irving St Ste 228, San Francisco, CA 94122

Order Information	
Tests	HbA1c (17856-6) 17856-6
Additional	Fasting: YES
Diagnoses	Encounter for screening for diabetes mellitus (Z13.1)
Clinical Information	free text comments here

Responsible Party/Subscriber	Parent/Guardian Information
Name: ALANKO, LAVON M Relation to Patient: Self Address: 123 Something Street Apt 1, Philadelphia, PA 19063 Phone: (555) 555-5555	Name: , Address: , Phone: Not recorded

Coverage	Rank	Plan	Group	Policy	Type	Provider ID
Insured: ALANKO, LAVON M Insurance Company: Oklahoma DRS Doc Address: 67 main st, oakland, AL 90999 Policy Holder Name: ALANKO, LAVON M Policy Holder Address: 123 Something Street Apt 1, Philadelphia, PA 19063 Policy Holder Relation to Patient: Self	Primary Insurance			s	Commercial	1111155556
Insured: ALANKO, LAVON M Insurance Company: CIGNA Address: PO BOX 188006, CHATTANOOGA, TN 37422 Policy Holder Name: ALANKO, LAVON M Policy Holder Address: 123 Something Street Apt 1, Philadelphia, PA 19063 Policy Holder Relation to Patient: Self	Secondary Insurance	123123123	123123123	123123123	Commercial	1111155556

Authorization - Please sign and date. I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to the laboratory. I agree to assume responsibility for payment charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature _____ Date _____

Provider Signature _____ Date _____

License nr.: A60695, NPI.: 1111155556