



Lab Voucher Program

Instructions

Step 1: LabCorp is the approved lab you must use for your free health screening. To find a LabCorp in your area you can use your local telephone book or visit www.labcorp.com. To use the website, on the home page in the "Labs & Appointments" box enter your address or ZIP code. Click your address or ZIP code from the Matching Places or Matching ZIP Codes that appear below the box. Make sure "**Employee Wellness with body measurement**" is selected from the "Select Service" drop down and click the blue "GO" button. The site search results will provide details on the hours of operation, phone numbers, and the ability to make appointments for each LabCorp location. **You must take the LabCorp requisition (included in this packet) with you to your visit with your name (last name, first name), date of birth, gender, and telephone number filled out.**

IMPORTANT NOTE: You must use only LabCorp locations. If you use a non-LabCorp lab your results may not be reported to Interactive Health and you may be financially responsible for the entire cost of all lab tests.

Please note: At LabCorp blood is collected using venipuncture which is different from the onsite screenings that use a finger stick method of blood collection.

Deadline to complete the Know Your Health Number Screening is 1/31/2019.

Step 2: You must take the Requisition Form with you to LabCorp (included in this packet) with your name (last name, first name), date of birth, gender, and telephone number filled out.

Step 3: FASTING IS REQUIRED FOR THIS TEST (8 HOURS = ONLY WATER AND MEDICATIONS). THIS TEST IS A VENIPUNCTURE NOT A FINGERSTICK.

Step 4: Your lab results will be sent to Interactive Health and mailed to the address you provided in 2-3 weeks.

Your results are confidential and will not be shared with your employer. In order to help your employer determine the success of this program, aggregate data will be provided to Dell.

IMPORTANT REMINDER: Please visit www.mydellwebmd.com to complete your Health Review prior to January 31, 2019.

Please note the expiration date stamped on the bottom of your requisition form:

01/31/2019

This lab voucher will no longer be valid after the expiration date.

LabCorp®

Health Solutions: Dell
LABCORP WELLNESS VERIFIED
11409 Cronhill Drive, Suite M
OWINGS MILLS, MD 21117
800-833-3934

****WELLNESS-ENTER ONLY THE ACCOUNT NUMBER CIRCLED****

Significant Clinical Information

Fasting

Non-Fasting

CUSTOMIZED
REQUEST

(EMBOSSING AREA)



7040.25

Account No. **19574945**

Submit Separate Specimens (Not Request Forms) for each Frozen Test Requested.

Specimen Date Mo Day Yr	Specimen Time Hr Min	Patient Name (Last) JAIN	(First, MI) NIKHAR	Sex F	Date of Birth Mo Day Yr 11 01 1989	Age Yrs Mos 29 0
		Patient I.D. # 661-1226314	Physician I.D.		Patient/Resp. Party's Phone # 512-879-8108	
		Responsible Party or Insured's Name (Last, First)			Patient's SS #	
I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION RELATED TO THE SERVICES DESCRIBED HEREIN AND AUTHORIZE PAYMENT DIRECTED TO LABCORP. I AGREE TO ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR LABORATORY SERVICES THAT ARE NOT COVERED BY MY HEALTHCARE INSURER.		Address 650 LOUIS HENNA BLVD APT 9203		City ROUND ROCK	State TX	Zip Code 78664
Patient's Signature _____ Date _____		Medicaid Number/HMO #		Medicare #		
Resp. Party's Employer		Physician Name		NPI #	UPIN #	Physician's Signature _____ Provider #
Diagnosis Code (ICD-9)		Insurance Code or Company Name and Address			Insurance I.D. #	
Group # or Name		Relationship to Insured (Circle One) 1-Self 2-Spouse 3-Other		Urine Total 24hr. Vol. _____		Patient's Ht. _____ Wt. _____

CHECK ONE:
03 [X] ACCOUNT BILL

CIRCLE ONE:
Dr. Lidia Nelkovski
1396766598

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.

- @ = Subject to Medicare medical necessity guidelines
- % = Subject to Medicare frequency guidelines
- # = Medicare deems investigational

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST-PSC #
<input type="checkbox"/> 998074	<input type="checkbox"/> 998085	<input type="checkbox"/> 998239	<input type="checkbox"/> 998250	<input type="checkbox"/> 998261	<input type="checkbox"/> 998272	<input type="checkbox"/> 998283	

TRAVEL LOG ID

PST HR# _____ DATE _____ LOG# _____

[X] 303544 - LP+Glucose

[X] 101300 - Biometrics

Expires 01/31/2019

GEL SPUN	USST UNSPUN	SER SERUM TRNSPT	PRZ PRZ TRNS	RED RED	LAV LAVENDER	SLD SLIDE	BLU LT. BLUE	GRY GREY	GRN GREEN	RYB RYL BLU	YEL ACD	PLS PLASMA	URN URINE	24U 24 HR URINE	TA-U TART. ACID	FL FLUID	OT OTHER	BACT BACT TRNSPT	O & P KIT	PROB PROBE TRNSPT	URN CUL URIN CUL TRNSPT	STERIL STERIL TRNSPT	FECAL FECAL TRNSPT	VIRAL VIRAL TRNSPT
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NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS AND COMMON TEST COMBINATIONS ARE SHOWN ON THE REVERSE SIDE, AND ANY COMPONENT MAY BE ORDERED INDIVIDUALLY. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY. THE INDIVIDUAL COMPONENTS OF ANY CUSTOMIZED PROFILES HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY.

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The CPT code(s) listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a microbiology test based on source.

ITEM # 00000000000058688 FORM # 0702 (UNIVERSAL FREEFORM 07)

Acute Hepatitis Panel			Test No. 322744	
When ordered as a profile CPT Codes used: 80074				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
006734	Hep A Antibody (HAAb), IgM	86709		
016881	Hep B core Antibody (HBcAb), IgM	86705		
006510	Hep B surface Antigen (HBsAg)	87340		
140659	Hep C Virus Antibody (HCVAb)	86803		
Basic Metabolic Panel (8)			Test No. 322758	
When ordered as a profile CPT Codes used: 80048				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001040	BUN	84520		
001016	Calcium	82310		
001206	Chloride	82435		
001578	CO ₂	82374		
001370	Creatinine	82565		
001032	Glucose	82947		
001180	Potassium	84132		
001198	Sodium	84295		
Comprehensive Metabolic Panel (14)			Test No. 322000	
When ordered as a profile CPT Codes used: 80053				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001081	Albumin	82040		
001107	Alkaline Phosphatase	84075		
001545	ALT (SGPT)	84460		
001123	AST (SGOT)	84450		
001099	Bilirubin, Total	82247		
001040	BUN	84520		
001016	Calcium	82310		
001206	Chloride	82435		
001578	CO ₂	82374		
001370	Creatinine	82565		
001032	Glucose	82947		
001180	Potassium	84132		
001073	Protein, Total	84155		
001198	Sodium	84295		
Electrolyte Panel			Test No. 303754	
When ordered as a profile CPT Codes used: 80051				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001206	Chloride	82435		
001578	CO ₂	82374		
001180	Potassium	84132		
001198	Sodium	84295		
Hepatic Function Panel (7)			Test No. 322755	
When ordered as a profile CPT Codes used: 80076				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001081	Albumin	82040		
001107	Alkaline Phosphatase	84075		
001545	ALT (SGPT)	84460		
001123	AST (SGOT)	84450		
001222	Bilirubin, Direct	82248		
001099	Bilirubin, Total	82247		
001073	Protein, Total	84155		
Lipid Panel			Test No. 303756	
When ordered as a profile CPT code used: 80061				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001065	Cholesterol, Total	82465		
001172	Triglycerides	84478		
001925	HDL Cholesterol	83718		
—	VLDL Cholesterol Calc	NA		
—	LDL Cholesterol Calc	NA		
Lipid Panel w/ LDL/HDL Ratio			Test No. 235010	
When ordered as a panel CPT Codes used: 80061				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001065	Cholesterol, Total	82465		
001172	Triglycerides	84478		
001925	HDL Cholesterol	83718		
—	VLDL Cholesterol Calc	NA		
—	LDL Cholesterol Calc	NA		
—	LDL/HDL Ratio	NA		
Renal Function Panel			Test No. 322777	
When ordered as a profile CPT Codes used: 80069				
When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used		
001081	Albumin	82040		
001040	BUN	84520		
001016	Calcium	82310		
001206	Chloride	82435		
001578	CO ₂	82374		
001370	Creatinine	82565		
001032	Glucose	82947		
001024	Phosphorus	84100		
001180	Potassium	84132		
001198	Sodium	84295		

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(REV 05/08/2013)

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of the requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by the Medicare Administrative Contractor (MAC), CMS, or the "Documenting Medicare Medical Necessity of Laboratory Services" booklet provided by your LabCorp representative. For your convenience the National Coverage Determinations are listed below.

Alpha-Fetoprotein: 81105
Blood Counts: 85004, 85007, 85008, 85013, 85014, 85018, 85025,
85027, 85032, 85048, 85049
Blood Glucose Testing: 82947, 82948, 82962
Carcinoembryonic Antigen (CEA): 82378
Cardiovascular Disease Screening: 80061, 82465, 83718, 84478
Collagen Cross Links, Any Method: 82523
Colorectal Cancer Screening: 82270, G0328
Cytogenetic Studies: 88230-88299
Diabetes Screening Tests: 82947, 82950, 82951
Digoxin Therapeutic Assay: 80162
Fecal Occult Blood: 82272
Gamma Glutamyltransferase (GGT): 82977
Glycated Hemoglobin: 83036
Glycated Protein: 82985
Hepatitis Panel / Acute Hepatitis Panel: 80074
Human Chorionic Gonadotropin (hCG): 84702
Human Immunodeficiency Virus (HIV) Infection Screening: G0432, G0433, G0435

Human Immunodeficiency Virus (HIV) Testing (Diagnosis): 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538

Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring): 87536, 87539

Lipids: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478

Pap Smears, Diagnostic: 88141-88175

Pap Smears, Screening: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001

Partial Thromboplastin Time (PTT): 85730

Prostate Cancer Screening Test: G0103

Prostate Specific Antigen: 84153

Prothrombin Time: 85610

Screening for Sexually Transmitted Infections (STIs): 86592, 86593, 86631, 86632, 86780, 87110.

87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, 87810, 87850

Serum Iron Studies: 82728, 83540, 83550, 84466

Thyroid Testing: 84436, 84439, 84443, 84479

Tumor Antigen by Immunoassay CA 15-3 & CA 27.29: 86300

Tumor Antigen by Immunoassay CA 19-9: 86301

Tumor Antigen by Immunoassay CA 125: 86304

Urine Bacterial Culture: 87086, 87088

4. **Review.** If the diagnosis code for your patient does not meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered