

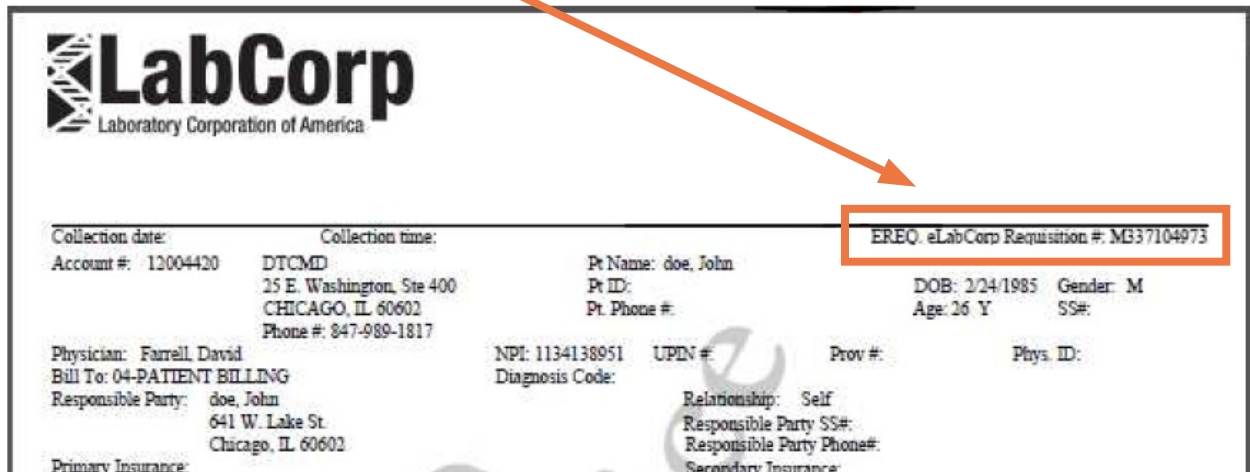
**PATIENT: Please give this form to the  
lab technician when you arrive for testing.**

## LabCorp Nationwide Cover Alert

*IMPORTANT INSTRUCTIONS FOR LABCORP STAFF REGARDING PAPER REQUISITIONS FOR:*

**DTCMD  
ACCT #12004420**

Retrieve the lab order in the PSC LCM—by using the  
**REQUISITION NUMBER** created on the e-LabCorp e-Req



**LabCorp**  
Laboratory Corporation of America

Collection date:	Collection time:	<b>EREQ: eLabCorp Requisition #: M337104973</b>	
Account #: 12004420	DTCMD	Pt Name: doe, John	DOB: 2/24/1985 Gender: M
	25 E. Washington, Ste 400	Pt ID:	Age: 26 Y SS#:
	CHICAGO, IL 60602	Pt. Phone #:	
	Phone #: 847-989-1817		
Physician: Farrell, David	NPI: 1134138951	UPIN #:	Prov #:
Bill To: 04-PATIENT BILLING	Diagnosis Code:		Phys. ID:
Responsible Party: doe, John		Relationship: Self	
641 W. Lake St.		Responsible Party SS#:	
Chicago, IL 60602		Responsible Party Phone#:	
Primary Insurance:		Secondary Insurance:	

This client will always be **Patient Bill/LAP Pricing** only  
(no diagnosis codes are needed).

**LAP prices will be applicable;** if test is not on LAP fee schedule a  
patient special pricing has been entered for **acct #12004420**.

Collect all money at the time of service

**DO NOT EVER TURN A PARTICIPANT AWAY, DO NOT DETAIN  
THE PARTICIPANT, AND DO NOT EXTEND HIS/HER WAIT-TIME.**

**COLLECT THE SAMPLE(S) AND CALL THE NUMBERS  
BELOW IF YOU STILL HAVE QUESTIONS OR CONCERNS:**

*CALL FOR ANY QUESTIONS:*

*DTCMD 866-749-6269 M-F 7AM-8PM SAT-SUN 9AM-3PM*

*MATT RUTA, SALES AND MARKETING MANAGER, LABCORP ELMHURST IL, 1-630-390-9399 ( CELL PHONE)*