

Atlantic Diagnostic Laboratories, LLC

DRAW SITE:

AC



CLIENT INFORMATION		SPECIMEN DATE: 11/18/19	
Account# 116 FAMILY HOUSE NOW PHILADELPHIA 1020 N 48TH ST PHILADELPHIA, PA 19131 215-878-8616		TIME: 6:45 ^{a.m.} <input checked="" type="checkbox"/> ^{p.m.} <input type="checkbox"/>	
Physician's or Authorized Signature		PATIENT'S LAST NAME JOHNSON	
PATIENTS ADDRESS (Street, City, State, Zip Code)		FIRST NAME MALIKA	
TELEPHONE NUMBER () -		PATIENT'S SOCIAL SECURITY NO. 196680449	
		AGE SEX F DATE OF BIRTH 1/1/88	
		ICD-10 CODES DIAGNOSIS ICD-10 CODES DIAGNOSIS	
		Bill To: <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> HMO <input type="checkbox"/> OTHER INS.	
		MEDICAID #/MEDICARE #/INSURANCE POLICY #.	
		MEMBER I.D. # GROUP #	

Required by CMS – Medicaid and Medicare
Diagnosis Code(s) Mark Test(s) Ordered Date and Time of Collection
PATIENT SIGNATURE and Date, Full Name, DOB, SS#, Sex
PHYSICIANS SIGNATURE (NO STAMPS OR PHOTO COPIES)

Comments:

DAU 29
(ALC, AMP, BARB, BENZO, BUP, COC, FENTANYL, METHADONE,
OPI, OXY, PCP, THC, PH, SPCGRVTY, CREAT)

() ORAL 82 (SEE BACK)

WR

Tests not listed on form are not covered by CBH, CCBH or Magellan

CMS requires that physicians shall only order tests that are medically necessary for the diagnosis and treatment of this patient.			
AMA PANELS • See reverse for components			
510	Basic Metabolic Panel	SST	
540	Comp. Metabolic Panel	SST	
50	Electrolyte Panel	SST	
71	Hepatic Function Panel	SST	
7040	CBC WITH DIFF/PLATELET	L	
560	* Lipid Profile Panel	SST	
			DRUG LEVELS
			209 Carbamazepine (Tegretol) R
			50169 Desipramine/Imipramine R
			821 Lithium R
			867 Nortriptyline / Aventyl R
			223 Phenobarbital R
			224 Phenytoin (Dilantin) R
			871 Primidone (Mysoline) R
			235 Valproic Acid (Depakene) R
ALPHABETICAL LISTING INDIVIDUAL TESTS			
237	Amylase	SST	
218	* GGT	SST	
809	* HEMOGLOBIN A1C	L	
1114	Hepatitis A AB (IGM)	SST	
1120	Hepatitis B Core (IGG/IGM AB)	SST	
824	Hepatitis B Surface AG	SST	
826	Hepatitis C AB	SST	
865	HIV 4th Gen	SST	
840	Lead, Blood	L	
811	Lipase	SST	
236	* MAGNESIUM	SST	
814	Prolactin	SST	
628	Syphilis Screen	SST	
828	RPR	SST	
741	Sickel Cell Screen	L	
233	* T3 UPTAKE	SST	
229	* T4, TOTAL	SST	
819	* TSH	SST	
717	Urinalysis w/Microscopic	U	
735	Urine Pregnancy	U	
DRUGS OF ABUSE SEE REVERSE FOR COMPONENTS.			
83	Oral Drug Screen (5 Drugs)		
91	Oral Drug Screen (8 Drugs)		
400	Urine Alcohol	U	
9	Drugs of Abuse (9 Drugs) w/Alc	U	
5	Drugs of Abuse (5 Drugs)	U	
38	Drugs of Abuse (9 Drugs)	U	
1	Drugs of Abuse (11 Drugs) w/Alc	U	

*** COVERED UNDER "LIMITED COVERAGE POLICY" OF MEDICARE – PLEASE INCLUDE RELEVANT DIAGNOSIS CODES**

I authorize the release of any medical information to process the service listed above, authorize ADL to bill my insurance for services described above and authorize my insurance carrier to pay ADL directly. I assume responsibility for payment of any and all co-pays and deductibles that may be applied to the services described above. I assume full responsibility for payment of services that are not covered by my insurance carrier.

☐ By Checking this box, I do not want my insurance carrier billed for services described above. I assume responsibility for payment of all service listed above that are billed to me by ADL.

Patient Signature Malika Johnson Date 11/18/2019 Phlebotomist Initials _____ Date _____

MUST ALWAYS BE COMPLETED