

Atlantic Diagnostic Laboratories, LLC

DRAW SITE:



CLIENT INFORMATION

Account# 116
FAMILY HOUSE NOW PHILADELPHIA
1020 N 48TH ST
PHILADELPHIA, PA 19131
215-878-8616

SPECIMEN DATE: 11/21/19

TIME: 2:20 p.m.

PATIENT'S LAST NAME

FIRST N.

PATIENT'S SOCIAL SECURITY NO.

AGE

SEX

DATE OF BIRTH

ICD-10 CODES

DIAGNOSIS

ICD-10 CODES

DIAGNOSIS

Physician's or
Authorized Signature

PATIENTS ADDRESS (Street, City, State, Zip Code)

Bill To: ☐ MEDICARE ☐ MEDICAID ☒ CLIENT ☐ PATIENT ☐ HMO ☐ OTHER INS.

MEDICAID #/MEDICARE #/INSURANCE POLICY #.

MEMBER I.D. #

GROUP #

TELEPHONE NUMBER () -

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:

(X) DAU 29

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

() ORAL 82 (SEE BACK)

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	Sickle 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

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

*** 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 Joyce Wilson Date 11/21/19 Phlebotomist Initials _____ Date _____

MUST ALWAYS BE COMPLETED