

## LabCorp **EREQ** - USFertility

Account #: 45541550

Reg/Control #: P8DC2F2BD90B2C601

Bill Type: Third Party

Client / Ordering Site: Shady Grove Fertility - Woodbridge

Address: 13580 Groupe Drive

City, State Zip: Woodbridge, VA 22192

Phone: 703-680-

1770

Patient Information: Patient Name: Jiang, Yibingqing

**DOB**: 11/01/1992 Gender: Female

Race: Unknown **Age:** 31

Ethnicity: Unknown Patient Address: 7931 Lake Pleasant Drive

City, State Zip: Springfield, VA 22153

Collection Date and Time: 02/16/2024 03:14 PM

Patient Status: Not Applicable

Ordering Physician: Hsu, Jennifer

Patient Email: yibingqing.jiang@gmail.com

Phone: 585-348-1976

NPI: 1063755163

Patient ID (MRN): 80308067

**Alt Patient ID: 1320175** 

Phone: 585-348-1976

LCA Ins Code:

Provider #:

Relation to Patient: Self

Group #: 270142M1AJ

Policy Number: DTU098W10407

Order Code: Tests Ordered: 1

500324 Macroprolactin Clinical Information: FASTING

Diagnosis Codes: E22.1

Responsible Party / Guarantor Information:

Name: Jiang, Yibingqing

Address: 7931 Lake Pleasant Drive City, State Zip: Springfield, VA 22153

Primary Insurance:

Ins Co Name: BCBS VA Anthem

Ins Address 1: Po Box 27401

Ins Address 2:

Ins City, State Zip: Richmond, VA 23279

Primary Policy Holder/ Insured:

Insured Name: Jiang, Yibingqing

Insured Address: 7931 Lake Pleasant Drive, Springfield, VA, 22153

Insured Relation to Pt: Self

Secondary Insurance:

LCA Ins Code: Policy Number: Patos

Ins Co Name: Self Pay Ins Address 1: Leave Blank

Provider #: Group #:

Ins Address 2: Ins City, State Zip:

Secondary Policy Holder/ Insured:

Insured Name: Jiang, Yibingqing

Insured Address: Insured Relation to Pt: Self

Authorization - Please sign and date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature Date Physician Signature Date

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