REQUESTED BY

LabCorp

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

WWT /US Wellness Inc.
LABCORP WELLNESS VERIFIED
20400 Observation Drive, Suite 100
GERMANTOWN, MD 20876
301- 926 -6099

☐ Fax ☐ Call ☐ Mail
Send additional copy of report to:
Client Number/Physician's Name
Phone/Fax Number
Physician's Address
City, State, Zip

0703.21

ENTER ONLY THE ACCOUNT NUMBER CIRCLED

LABCORP ACCOUNT NUMBER: 19596845

CIRCLE ONE:
1205977329 -Vinocur, Leigh

CHECK ONE:
03 [X] ACCOUNT BILL

Patient's Legal Name (Last, First, MI)	Sex	Date of Birth (MO DAY YR)	Collection Time	Fasting	Collection Date (MO DAY YR)	Urine hrs/vol
Rojas, Roberto		10 27 1983	AM / PM	☐ Yes ☐ No		hrs____vol____

NPI	Physician's ID #	Patient's ID #	Hospital Patient Status
		00022153	☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) — Physician/Authorized Signature X_____

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED

PATIENT

Patient's Address: 7826 Chatwell Drive — Phone: 3146517167
City: Saint Louis — State: MO — ZIP: 63119

RESP. PARTY

Name of Policy Holder (if different from patient)
Address of Policy Holder — APT #
City — State — ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State — Physician's Provider #	Workers Comp ☐ Yes ☐ No

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

X _____ Patient's Signature — Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	☐ 998074	☐ 998085	☐ 998239	☐ 998250	☐ 998261	☐ 998272	☐ 998283	

[X] 262204 LP+Glu

[X] 101300 Biometrics

[X] 070322 Cotinine

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

ITEM # 056509 FORM # 0703 (UNIVERSAL FREEF(HMU)

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(REV 05/16/2016)

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. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.