True Laboratories LLC

Oak Forest, IL. 60452. Tel No (708) 620-5790. Fax No (708) 620-5215

| PATIENT LAST NAME : | test | REQUEST DATE : | 2017-07-26 | |
|--------------------------------|--------------------------|--------------------------------------|---------------------------|--|
| PATIENT FIRST NAME : | client admin patient | CLINIC/AGENCY NAME : | ClientAppAgency | |
| DOB: | 1970-03-08 | OFFICE NUMBER : | 9876543210 | |
| AGE : | 47 | FAX NUMBER : | 96388 | |
| GENDER: | male | ADDRESS : | Chd,Chd | |
| PHONE NUMBER : | 9787656545 | CITY, STATE, ZIP CODE : | Chandigarh,Punjab,1600101 | |
| ADDRESS : | chandigarh | DOCTOR NAME : | harman agency client | |
| ADDRESS2 | chandigarh | DOCTOR NPI NO. : | 343434434433434 | |
| PATIENT INSURANCE NAME : | test | PATIENT INSURANCE NO. : | 45455355 | |
| CITY, STATE, ZIP CODE : | chandigarh,punjab,160101 | DOCTOR/REPRESENTATIVE SIGNATURE : | | |
| DIAGNOSIS (ICD 10) : | | Pt | | |
| SPECIAL INSTRUCTION : | | test | | |

⊠PT/INR □AIC

| I AUTHORIZE THE RELEASE OF MY INSURANCE CARRIER OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM AND I AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO TRUE LABORATORIES LLC. | | | | | | | |
|---|--|--|--|--|--|--|--|
| PATIENT'S SIGNATURE | | | | | | | |