## **True Laboratories LLC**

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

PATIENT LAST NAME:         Jordan         REQUEST DATE:         2017-07-21           PATIENT FIRST NAME:         Micheal         CLINIC/AGENCY NAME:         true laboratories llc           DOB:         1970-06-10         OFFICE NUMBER:         7086205795           AGE:         44         FAX NUMBER:         7086205215           GENDER:         male         ADDRESS:         6956 155th PI,           PHONE NUMBER:         123456789         CITY, STATE, ZIP CODE:         Orland Park,IL,60455           ADDRESS:         23 Bulls Ave         DOCTOR NAME:         Dr. Phil Jackson           ADDRESS2:         Apt 23         DOCTOR NPI NO.:         123456789000           PATIENT INSURANCE NAME:         Medicare         PATIENT INSURANCE NO.:         12345678900           CITY, STATE, ZIP CODE:         Chicago,IL,60521         DOCTOR/REPRESENTATIVE SIGNATURE:         DOCTOR/REPRESENTATIVE SIGNATURE:					
FIRST NAME :         Micheal         CLINIC/AGENCY NAME :         true laboratories lic           DOB :         1970-06-10         OFFICE NUMBER :         7086205795           AGE :         44         FAX NUMBER :         7086205215           GENDER :         male         ADDRESS :         6956 155th PI,           PHONE NUMBER :         123456789         CITY, STATE, ZIP CODE :         Orland Park,IL,60455           ADDRESS :         23 Bulls Ave         DOCTOR NAME :         Dr. Phil Jackson           ADDRESS2 :         Apt 23         DOCTOR NPI NO. :         123456789000           PATIENT INSURANCE NAME :         Medicare         PATIENT INSURANCE NO. :         12345678900           CITY, STATE, Chicago II, 60521         DOCTOR/REPRESENTATIVE         A		Jordan	REQUEST DATE :	2017-07-21	
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GENDER: male ADDRESS: 6956 155th PI,  PHONE NUMBER: 123456789 CITY, STATE, ZIP CODE: Orland Park,IL,60455  ADDRESS: 23 Bulls Ave DOCTOR NAME: Dr. Phil Jackson  ADDRESS2: Apt 23 DOCTOR NPI NO.: 123456789000  PATIENT INSURANCE NAME: DOCTOR NPI NO.: 123456789000	DOB:	1970-06-10	OFFICE NUMBER :	7086205795	
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ADDRESS2: Apt 23 DOCTOR NPI NO.: 123456789000  PATIENT INSURANCE NAME: PATIENT INSURANCE NO.: 12345678900  CITY, STATE, Chicago II 60521 DOCTOR/REPRESENTATIVE		123456789	CITY, STATE, ZIP CODE :	Orland Park,IL,60455	
PATIENT INSURANCE   Medicare   PATIENT INSURANCE NO. : 12345678900  CITY, STATE,   Chicago II 60521   DOCTOR/REPRESENTATIVE	ADDRESS :	23 Bulls Ave	DOCTOR NAME :	Dr. Phil Jackson	
INSURANCE NAME:  Medicare PATIENT INSURANCE NO.: 12345678900  CITY, STATE, Chicago II 60521  DOCTOR/REPRESENTATIVE	ADDRESS2 :	Apt 23	DOCTOR NPI NO. :	123456789000	
	INSURANCE	Medicare	PATIENT INSURANCE NO. :	12345678900	
		Chicago,IL,60521			
DIAGNOSIS (ICD 10): afib	DIAGNOSIS (ICD 10) :		afib		
SPECIAL INSTRUCTION : Michael Jordan All time MVP	SPECIAL INSTRUCTION :		Michael Jordan All time MVP		

## ⊠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