## **True Laboratories LLC**

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

PATIENT LAST NAME :	One	REQUEST DATE :	2017-06-28				
PATIENT FIRST NAME :	Patient	CLINIC/AGENCY NAME :	future agency				
DOB:	06-12-1935	OFFICE NUMBER :	123456789				
AGE :	82	FAX NUMBER :	987654321				
GENDER :	male	ADDRESS :	123 Sesame St,				
PHONE NUMBER :	321654987	CITY, STATE, ZIP CODE :	Manila,NY,123456				
ADDRESS :		DOCTOR NAME :	testing				
ADDRESS2		DOCTOR NPI NO. :	54				
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NO. :	12345678900				
CITY, STATE, ZIP CODE :	Mexico ,IL,123456	DOCTOR/REPRESENTATIVE SIGNATURE :					
DIAGNOSIS (ICD 10):		Bzbzb					
SPECIAL INSTRUCTION :							
I AUTHORIZE THE RELEASE OF MY INSURANCE CARRIER OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM AND I							

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							