True Laboratories LLC

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

PATIENT LAST NAME: Pippen REQUEST DATE: 2017-07-07 PATIENT FIRST NAME: Scottie CLINIC/AGENCY NAME: true laboratories lic true laboratories lic PATIENT FIRST NAME: DOB: 1980-07-04 OFFICE NUMBER: 7086205795 AGE: 44 FAX NUMBER: 7086205215 GENDER: male ADDRESS: 6956 155th PI, Orland Park,IL,60455 DOCTOR NAME: DOCTOR NAME: DOCTOR NAME: DOCTOR NPI NO.: 456123789 PATIENT INSURANCE NAME: CHicago Bulls DOCTOR/REPRESENTATIVE SIGNATURE: DIAGNOSIS (ICD 10): AFIB SPECIAL INSTRUCTION: Scottie Pippen Chicago Bulls		-	-	
FIRST NAME: DOB: 1980-07-04 OFFICE NUMBER: 7086205795 AGE: 44 FAX NUMBER: 7086205215 GENDER: male ADDRESS: 6956 155th PI, PHONE NUMBER: 3331112220 CITY, STATE, ZIP CODE: DOCTOR NAME: Dr. TrueLab PATIENT INSURANCE NAME: ChicagoBulls DOCTOR/REPRESENTATIVE ZIP CODE: DIAGNOSIS (ICD 10): AFib		Pippen	REQUEST DATE :	2017-07-07
AGE: 44 FAX NUMBER: 7086205215 GENDER: male ADDRESS: 6956 155th PI, PHONE NUMBER: 3331112220 CITY, STATE, ZIP CODE: Orland Park,IL,60455 ADDRESS: 33 Chicago Bulls Dr DOCTOR NAME: Dr. TrueLab ADDRESS2: DOCTOR NPI NO.: 456123789 PATIENT INSURANCE INSURANCE NAME: PATIENT INSURANCE NO.: 9876543210 CITY, STATE, ZIP CODE: Chicago,IL,60621 DOCTOR/REPRESENTATIVE SIGNATURE: TOCTOR/REPRESENTATIVE DIAGNOSIS (ICD 10): AFib		Scottie	CLINIC/AGENCY NAME :	true laboratories llc
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PHONE NUMBER: 3331112220 CITY, STATE, ZIP CODE: Orland Park,IL,60455 Doctor Name: Dr. TrueLab Doctor NPI No.: 456123789 PATIENT INSURANCE NAME: ChicagoBulls PATIENT INSURANCE NO.: Doctor/Representative SIGNATURE: Diagnosis (ICD 10): Afib	AGE :	44	FAX NUMBER :	7086205215
NUMBER: 3331112220 CITY, STATE, ZIP CODE: Orland Park,IL,60455 Dr. TrueLab Doctor Name: Dr. TrueLab Doctor NPI No.: 456123789 PATIENT INSURANCE NAME: ChicagoBulls PATIENT INSURANCE NO.: Doctor/Representative SIGNATURE: Diagnosis (ICD 10): AFib	GENDER :	male	ADDRESS :	6956 155th Pl,
ADDRESS: Dr DOCTOR NAME: DI. ITUELAD ADDRESS2: DOCTOR NPI NO.: 456123789 PATIENT INSURANCE NAME: PATIENT INSURANCE NO.: 9876543210 CITY, STATE, ZIP CODE: Chicago, IL, 60621 DOCTOR/REPRESENTATIVE SIGNATURE: DIAGNOSIS (ICD 10): AFib		3331112220	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
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ZIP CODE : SIGNATURE : DIAGNOSIS (ICD 10) : AFib	INSURANCE	ChicagoBulls	PATIENT INSURANCE NO. :	9876543210
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SPECIAL INSTRUCTION : Scottie Pippen Chicago Bulls	DIAGNOSIS (ICD 10) :		AFib	
	SPECIAL INSTRUCTION :		Scottie Pippen Chicago Bulls	

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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