

True Laboratories LLC

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

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|--------------------------|-----|----------------------------|-------------|
| PATIENT LAST NAME : | 1 | REQUEST DATE : | 2017-08-25 |
| PATIENT FIRST NAME : | 990 | CLINIC/AGENCY NAME : | 990 |
| DATE OF BIRTH : | 990 | OFFICE NUMBER : | 990 |
| AGE : | 990 | FAX NUMBER : | 990 |
| GENDER : | 990 | ADDRESS : | 990,990 |
| PHONE NUMBER : | 1 | CITY, STATE, ZIP CODE : | 990,990,990 |
| ADDRESS : | 990 | DOCTOR NAME : | 990 |
| ADDRESS2 : | 990 | DOCTOR NPI NO. : | 990 |
| PATIENT INSURANCE NAME : | 990 | PATIENT INSURANCE NUMBER : | 990 |

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