

True Laboratories LLC

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

PATIENT LAST NAME :	1	REQUEST DATE :	2017-08-26
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