**DIAGNOSIS CODES** 

Labels Req 1719380: 1	eq 1719380:				☐ Show Optional Text
	<u>P</u> rint	Print & Send	Create Another	Edit	





Requisition (Bill to THIRD PARTY) Account #: 3925 Req #: 1719380 **Patient Information** Combe, Courtney - Lifeways Inc Test, Client T 702 Sunset Dr Ontario, OR 97914 (541)823-9080 **123456 Waver St** Nampa, ID 83651 (999)999-1234 Collection Date: 1/2/2020 10:09MST Patient ID: 209238 Lab Reference #: Ref Physician: Courtney Combe Ref Physician #: 3925 Fasting: DOB: 10/11/1980 Age: 39 Sex: Male Guarantor: Other DOB: Phone: U.P.I.Ň: **Buck Gilmore** Physician NPI: **1053740290** Prepaid: Po Box 9999 Call Results to: Caldwell, OR 83606 STAT Fax Results to: Primary Ins: Self Client T Test 123456 Waver St 14 Nampa,ID 83651 (999)999-1234 Secondary Ins: Tertiary Ins: APPROVED BJMCG 01/27/2020 DOB: 10/11/1980
Policy #: X123456
Group #:
Bill Code: 026339
BLUE CROSS OF IDAHO
P.O.Box 7408
Boise,ID 83707

1) 2120 Lithium \*F10.10 **Test** 

TEST CODE/DESCRIPTION

Last Dose:

1 of 2 1/2/2020, 10:10 AM