

Labcorp Test Requisition Instructions

For Participant Use Only

Thank you for participating in the **Accenture (VP)** testing program. By utilizing the attached test requisition, you can receive testing at a Labcorp facility as described below.

This test requisition must be used at a Labcorp facility by September 27, 2024.

Three steps to complete your Labcorp test:

- 1** **Verify the information on the test requisition form.** On the attached test requisition (page 2), please verify that the auto-populated information is accurate.
 - If any of the auto-populated information listed is incorrect, please contact Support@lescustomercare.zendesk.com.
- 2** **Visit a Labcorp facility.** While appointments are encouraged, they are not required. You can go to your nearest Labcorp location at your convenience. If you prefer to make an appointment, follow the instructions below to search for the lab you'd like to visit and make an appointment. Expect the test to take approximately 15-20 minutes.

To schedule an appointment, follow these simple steps:

- Access the WellConnect Plus portal.
- Click the "Labcorp Patient Service Center" service card and select, "Make an appointment at a Labcorp Patient Service Center".
- Follow the prompts to locate a Labcorp facility near you and schedule your appointment.
- You will receive a confirmation email from Labcorp with your appointment details at the email address you provided. This information will also be displayed in the WellConnect Plus portal.

Bring a paper or digital copy of the test requisition with you to the Labcorp facility.

- 3** **View results.** Within two to three weeks of your test, your results will be posted to your wellness portal. Additionally, you can view all your historic Labcorp test results by visiting patient.labcorp.com and accessing your Labcorp patient account, or setting up a free account if you don't already have one. If you have not received your results within four weeks of your test date, please contact Support@lescustomercare.zendesk.com.

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- Info about looking for electronic order
- If you have any questions about processing this test requisition, please call the Labcorp Wellness Division at 866-827-8046.
- Fasting is not required by this client. Do not turn anyone away for not fasting. Please mark Fasting or Non-Fasting.
- If you are unable to locate the account number in your LCM, please contact your Supervisor for assistance.



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677)

ACCENTURE (VP)
c/o LabCorp Employer Services
LABCORP WELLNESS VERIFIED
6992 Columbia Gateway Drive, Suite 100
Columbia, MD 21046
844-251-6524

☐ Fax
☐ Cell
☐ Mail

Send additional copy of report to:

Client Number/Physician's Name
Physician's Address

()
Phone/Fax Number
City, State, Zip

PLEASE PULL ORDER FROM COR.

ENTER ONLY THE ACCOUNT BELOW

CHECK ONE:
03[X] ACCOUNT BILL:

ACCOUNT NUMBER: 19257530

REQ/CONTROL #:

1002139

Patient's Legal Name (Last, First, MI)
BEMENT, STEPHEN

Sex
M

Date of Birth
MO DAY YR
03 07 1961

Collection Time
AM ☐ Yes
PM ☐ No

Fasting
☐ Yes
☐ No

Collection Date
MO DAY YR
hrs vol

Urine hrs/vol

NPI

UPN

Physician's ID #

Patient's SS #

Patient's ID #
DD4CAE0B221B42B58A56EC1D0A6A57BD

Physician's Name (Last, First)
X

Physician/Authorized Signature

Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

ORDERING PHYSICIAN
1609029420

DR. KENNETH RUDD

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity Required

Patient's Address
9736 REMINGTON AVE

Phone
720 - 636 - 0500

City FIRESTONE

State CO

ZIP 80504

PRIMARY BILLING PARTY		SECONDARY BILLING PARTY	
Insurance Carrier *		Insurance Carrier *	
ID #		ID #	
Group #		Group #	
Insurance Address		Insurance Address	
Name of Insured Person		Name of Insured Person	
Relationship to Patient		Relationship to Patient	
Employer Name		Employer Name	
* If Medicaid State		Physician's Provider #	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Policy Holder (if different from patient)

Address of Policy Holder

APT #

City

State

ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X

Patient's Signature

Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

Race
CHOOSE NOT TO DISCLOSE

Ethnicity
UNKNOWN

TRAVEL LOG ID
PST HR# DATE LOG#

101300 - BIOMETRICS
262204 - LP+GLU

Effective blood draw dates: 7/22/2024 - 9/27/2024

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILL CODES FOR NON-CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.

PLEASE PRINT

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