



3150 W SAHARA AVE STE B11
 LAS VEGAS NV 89102
 702-221-0190 NUR

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

27518255-2

Call Mail

Client Number/Physician's Name _____ Phone/Fax Number _____

Physician's Address _____ City, State, Zip _____

0702

CIRCLE ONE

1487634812 - BROUWERS

CHECK ONE
 ACCOUNT BILL

Patient's Legal Name (Last, First, MI) _____ Sex _____ Date of Birth MO DAY YR _____ Collection Time AM PM _____ Fasting Yes No _____ Collection Date MO DAY YR _____ Urine hrs/vol _____

NPI N/A UPIN N/A Physician's ID# N/A Patient's SS# N/A Patient's ID# N/A

Physician's Name (Last, First) BROUWERS, JOHN - MD Physician's Signature _____ Hospital Patient Status: In-Patient Out-Patient Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity)
REQUIRED

PRIMARY BILLING PARTY		SECONDARY BILLING PARTY	
Insurance Carrier	N/A	Insurance Carrier	N/A
ID #	N/A	ID #	N/A
Group #	N/A	Group #	N/A
Insurance Address	N/A	Insurance Address	N/A
Name of Insured Person	N/A	Name of Insured Person	N/A
Relationship to Patient	N/A	Relationship to Patient	N/A
Employer Name	N/A	Employer Name	N/A
Medical State	N/A	Medical State	N/A
Physician's Provider	N/A	Physician's Provider	N/A
Workers Comp	N/A	Workers Comp	N/A

Patient's Address N/A Phone N/A
 City N/A State N/A ZIP N/A
 Name of Policy Holder (if different from patient) N/A
 Address of Policy Holder N/A APT # N/A
 City N/A State N/A ZIP N/A

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

 Patient's Signature Date _____

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

STAT 998074 VENIPUNCTURE 998085 NON-LABORATORY 998239 VERBAL ORDER 998250 CHART ORDER 998261 HANDWRITTEN 998272 21 HR TUV 998283 PST/PSC # _____

MALE PANEL E I CMLP+HP+LP+5AC+CBC/D/Pit+... FEMALE PANEL EX CMLP+HP+LP+5AC+CBC/D/Pit+...

244736

Please bring this lab form to your nearest LabCorp - Patient Service Center. Please make sure to notify them that you are:

"On-Duty Firefighter or Responder and here for your Scheduled Appointment."

LabCorp has a standing appointment and order to move you to the front of the line to be served, as per LabCorp Corporate.

Please note: LabCorp is billing ARC Health & Wellness under Account Bill and should not ask you for your Insurance Card.

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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 BILLING CODES FOR NON CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.