LabCorp
Laboratory Corporation of America

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

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

27518255-2

☐ Fax
☐ Call
☐ Mail
Client Number/Physician's Name
Phone/Fax Number
Physician's Address
City, State, Zip
0702

CIRCLE ONE
1487634812-BROUWERS

CHECK ONE
03 [X] 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 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 x Physician's Signature

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

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

R E Q U I R E D

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
Work Comp ☐ Yes ☐ No

PATIENT
Patient's Address: N/A | Phone: N/A
City: N/A | State: N/A | ZIP: N/A

RESP. PARTY
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 La
I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare p

X
Patient's Signature | Date

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

TRAVEL LOG ID
PST HR# | DATE | LOG#

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
☐ 998074	☐ 998085	☐ 998239	☐ 998250	☐ 998261	☐ 998272	☐ 998283	

MALE PANEL
[X] CMP14+HP4+LP+5AC+CBC/D/Plt+... 244735

FEMALE PANEL
[ ] CMP14+HP4+LP+5AC+CBC/D/Plt+...

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