LabCorp
Laboratory Corporation of America

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

BaySport -IBEW Sound & Comm.
LABCORP WELLNESS VERIFIED
14830 Los Gatos Blvd. Ste. 101
LOS GATOS CA 95032
(408) 395-7300

☐ Fax
☐ Call
☐ Mail

Send additional copy of report to:
Client Number/Physician's Name ____ Phone/Fax Number ( )
Physician's Address ____ City, State, Zip

0702.21

REQUESTED BY

1A 1B 1C

*****ENTER ONLY THE ACCOUNT NUMBER CIRCLED*****

LABCORP ACCOUNT NUMBER: 04101305

CIRCLE ONE:
1174655633-MARTIN, MICHAEL

CHECK ONE:
03 [✓] 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	UPIN	Physician's ID #	Patient's SS #	Patient's ID #

Physician's Name (Last, First) | Physician/Authorized Signature X ____

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

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

PATIENT
Patient's Address | Phone
City | State | ZIP

RESP. PARTY
Name of Policy Holder (if different from patient)
Address of Policy Holder | APT #
City | State | ZIP

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 ☐ Yes ☐ No	

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.

TRAVEL LOG ID

PST HR# ____ DATE ____ LOG# ____

[✓] 262204 LP+Glu **[✓] 101300 Biometrics**

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-CLIENT

ITEM # 0000000000053663 FORM # 0702 (UNIVERSAL FREEFORM 07)

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(REV 06/25/2015)

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.