



BILL TO:
 PATIENT
 MEDICARE
 RAILROAD MEDICARE
 Medi-Cal
 Lab Card/Select
 OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____
 PATIENT ID / REGISTRATION # _____ DATE OF BIRTH: M M D D YEAR _____ SEX _____
 ROOM # _____ LAB REFERENCE # _____
 PATIENT SOCIAL SECURITY # _____ PATIENT PHONE # () _____
 PATIENT STREET ADDRESS _____ APT. # _____ KEY # _____
 CITY _____ STATE _____ ZIP _____
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT _____
 INSURED ADDRESS _____
 CITY _____ STATE _____ ZIP _____

DID YOU KNOW
 Patient Service Center location and appointment scheduling information is on the back.
 Each sample should be labeled with at least two patient identifiers at time of collection.

DATE COLLECTED _____ TIME: AM PM TOTAL VOL./HRS. _____ ML _____ HR _____
 Fasting Non Fasting
 NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

ADDIT'L PHYS.: Dr. _____ NPI/UPIN _____
 NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____
 Fax Results to: () _____
 Send Client # OR NAME: _____
 Duplicate ADDRESS: _____
 Report to: CITY: _____ STATE _____ ZIP _____

PRIMARY INSURANCE
 RELATIONSHIP TO INSURED SELF SPOUSE DEPENDENT
 INSURANCE COMPANY NAME / IPA NAME _____
 INSURANCE COMPANY ADDRESS _____ CITY _____ ST _____ ZIP _____
 INSURANCE ID # _____ GROUP# / DATE OF INJURY _____
 MEDICARE # _____ MEDI-CAL # _____
 EMPLOYER NAME / EMPLOYER # _____

Medicare Limited Coverage Tests
 @ = May not be covered for the reported diagnosis.
 F = Has prescribed frequency rules for coverage.
 & = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.
 Provide signed ABN when necessary
ICD Codes (enter all that apply)

| Check Box | Test Code | Description | Check Box | Test Code | Description | Check Box | Test Code | Description |
|-----------|-----------|--------------------------------------|-----------|-----------|-----------------------------------|-----------|-----------|---|
| | 10611 | Anaplasma \$240 | | 1777 | Protein C Activ FZ PL \$27.00 | | 34271 | Ehrlichia ABS (S) RFGD \$40.00 |
| X | 10231 | CMP, Serum \$23.96 | | 1779 | Protein S Activ FZ PL \$30.00 | | 7197 | Lymph Subset Panel 1 \$75.46 |
| X | 6399 | CBC \$15.20 | | 4914 | PT & PTT, LT BL RM T \$19.50 | | 34184 | Natural Killer Activity \$121.50 |
| | 561 | Insulin, Serum RFGD \$22.50 | | 17306 | VitD 25 (S) PI RedRM T \$75.50 | | 11345 | Thrombotic PN 3Aliquots 2ml FZ PLBL \$72.02 |
| | 10124 | Cardio CRP, (S) RFGD \$25.00 | | CP313388 | Fungal Pnl (S) RmT M-F \$88.16 | | 8659 | D-Dimer FZ PL \$15.85 |
| X | 7573 | Iron & Total Iron Bind(S) \$28.78 | X | 457 | Feritin \$30.00 | | 29851 | Serotonin FRZ (S) \$60.75 |
| X | 467 | Folate RBC, Lav, RmT \$33.70 | | 37914 | Eosinophil Catonic Prot. \$50.00 | | 29477 | Lyme WB \$73.79 |
| X | 927 | B12, PI Red, RFGD \$35.00 | | 34458 | IGFBP-3 \$35.00 | | 93166 | PAI - 1 ANTIGEN FRZ PL BL \$28.50 |
| | 30289 | E2 Ultrasens(S) RedFZ \$55.97 | | 683 | ACE, (S) RFGD \$28.55 | | 34883 | Estriol (S) PL Red FRZ \$40.55 |
| | 623 | Magnesium RBC Lav RFGD \$13.10 | | 5363 | PSA Total (S) Frz \$61.68 | | 15447 | EBV EarlyAGD ABIGM 1ML(S) \$26.39 |
| | 461 | Fibrinogen BL RmT \$25.00 | | 4021 | Estradiol (S) RFGD \$40.55 | | 19956 | C4 (A) 1ml FRZ PL(EDTA) 111.00 |
| X | 34604 | Lipo (a) PLRed Refrig \$25.00 | | 470 | FSH, Plain Red \$35.00 | | 16842 | Anti-Mullerian Hormone \$63.00 |
| | | | | 615 | LH, (S) \$35.00 | | CP341651 | Toxic Mold Panel \$144.91 |
| X | 899 | TSH 3 rd Gen, (S) \$30.00 | | 745 | Progesterone (S) RFGD \$35.00 | X | 90367 | Leptin (S) PL Red RFGD \$45.00 |
| X | 866 | T4, Free (S) RFGD \$25.00 | | 7083 | Immunoglobulins-QT 3ml(S) \$54.00 | | 34300 | Babsia MicrotiAB IGG/M IFA \$48.50 |
| X | 34429 | T3 Free(S) RFGD \$35.00 | | 7903 | IGGSubclasses2ml(S)RFGDs \$81.00 | | 11368 | PAI-14G/5G 5ML Whole BL Lav RmT \$84.00 |
| X | 90963 | Reverse T3 (S) RFGD \$32.21 | X | 17408 | C-Telopeptide FZ(S)Red \$21.25 | X | 16599 | Iodine dark blue |
| X | 5081 | Thyroid PeroxAB (S)RFGD \$28.50 | | 90567 | DHT (S) RFGD \$35.88 | | 30551 | Thyroid stim lmg (S) |
| X | 267 | ThyroglobulinAB(S)RFGD \$30.00 | | 211 | ACTH FZ Plasma Lav \$75.00 | X | 17133 | Selenium EDTA |
| | 7600 | Lipid panel (S) RFGD \$30.68 | | CP334578 | Allergy Panel \$35.77 | | | |
| | 31789 | Homocysteine (S) RFGD \$50.00 | | 15447 | EB-V EA-D AB(S) FZ M-F \$35.49 | | | |
| | 37077 | Cortisol F&T (S) RFGD \$64.75 | | 6732 | CMV IGG/IGM (S)RFGD \$58.15 | | | |
| | 8181 | Hemoglobin A1C, LAV \$19.00 | | 34282 | HHV6 FZ (S) \$50.40 | | | |
| | 23244 | Estrone PLRed Frz (S) \$49.00 | | 37126 | ChlamydiaPneum(S) Ref \$58.85 | | | |
| | 402 | DHEA-S (S) RFGD \$40.00 | | 34127 | MycoplasmalGG/M (S) \$54.15 | | | |
| | 31493 | Pregnenolone (S)RFGD \$40.00 | | 30440 | Candida IGG/M/A (S) RFGD \$80.0 | | | |
| | 36170 | Testosterone F&T (S)PL R \$138.03 | | 14512 | VEGF \$25.50 | | | |
| | 839 | IGF-1 FRZ PL RED (S) \$38.50 | | 34251 | Bartonella IGG/M RFL \$318.24 | | | |
| X | 30740 | SHGB (S) RFGD \$38.50 | | 15435 | Immune Cell Function \$152.07 | | | |
| X | 91238 | Human Growth Factor Beta \$70 | | 37478 | Ricketts AB PNL2 w/RFX \$214.64 | | | |