

04 PATIENT BILL
 FL MEDICAID
 05 MEDICARE
 XI INSURANCE
 21 CAREPLUS/PHYCA
 DEVOT() DEVOTED HEALTH
 HHPKY() HUMANA HLTPLM-
 CIGNH() CIGNA
 ANGDUC() ANG DUAL
 R2NSCC() MISC INSURANCE

NPI _____ Physician's ID # _____

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

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

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

Patient's ID # _____ Hospital Patient Status: In-Patient Out-Patient Non-Patient

Patient's Address _____ Phone _____

City _____ State _____ ZIP _____

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.

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS

TEST #	TEST NAMES

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	<input type="checkbox"/> 998074	<input type="checkbox"/> 998085	<input type="checkbox"/> 998239	<input type="checkbox"/> 998250	<input type="checkbox"/> 998261	<input type="checkbox"/> 998272	<input type="checkbox"/> 998283	

ORGAN OR DISEASE PANELS
 See reverse for components

322744	Acute Hepatitis Panel	80074	GEL
322758	Basic Metabolic Panel (8)	80048	GEL
322000	Comp Metabolic Panel (14)	80053	GEL
303754	Electrolyte Panel	80051	GEL
322755	Hepatic Function Panel (7)	80076	GEL
143031	Kidney Profile	80061	GEL
303756	Lipid Panel	80061	GEL
235010	Lipid Panel w/LDL/HDL Ratio	80061	GEL
221010	Lipid Panel w/TC:HDL Ratio	80061	GEL
343925	Lipid Panel w/Non-HDL Cholesterol	80061	GEL
361946	Lipid Cascade	80061	GEL
363676	Lipid Cascade with Rtx to ApoB	80061	GEL
322777	Renal Function Panel	80069	GEL

HEMATOLOGY

005009	CBC w Diff w Plt	85025	LAV
028142	CBC w/o Diff w Plt	85027	LAV
005058	Hematocrit	85014	LAV
005041	Hemoglobin	85018	LAV
005249	Platelet Count	85049	LAV
005033	RBC Count	85041	LAV
005025	WBC Count	85048	LAV
015173	Differential/Total WBC Count	85004	LAV

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rh	86500	LAV
001081	Albumin	82040	GEL
001107	Alkaline Phosphatase	84075	GEL
001545	ALT (SGPT)	84460	GEL
001396	Amylase	82150	GEL
164855	Antinuclear Antibodies	86038	GEL
001123	AST (SGOT)	84450	GEL
000810	B ₁₂ and Folate	82607	GEL
001099	Bilirubin, Total	82247	GEL
001040	BUN	84520	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

001016	Calcium	82310	GEL
006627	C-Reactive Protein (CRP), Quant	86140	GEL
120766	hsCardiac C-Reactive Protein (CRP)	86141	GEL
007419	Carbamazepine (Tegretol [®])	80156	SER
002139	CEA	82378	GEL
001065	Cholesterol, Total	82465	GEL
001370	Creatinine	82565	GEL
090400	Diabetes Risk - Asymptomatic Adults	82947	GEL
023400	Diabetes Comorbidity Assessment	80061, 82565, 82570, 82043	GEL
007385	Digoxin (Lanoxin [®])	80162	GEL
004515	Estradiol	82670	GEL
004598	Ferritin	82728	GEL
028480	FSH and LH	85001, 83002	GEL
001958	GGT	82977	GEL
001818	Glucose, Plasma	82947	GRY
001032	Glucose, Serum	82947	GEL
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703	GEL
004416	hCG, Beta Subunit, Quant	84702	GEL
001925	HDL Cholesterol	83718	GEL
001453	Hemoglobin A1c	83036	LAV
006734	Hep A Antibody, IgM	86709	GEL
006395	Hep B Surface Antibody	86706	GEL
006510	Hep B Surface Antigen	87340	GEL
144050	HCV Ab w/Rtx to Quant. RT-PCR	86803	GEL
083935	HIV-1/0/2, 4th Generation	87389	GEL
180836	<i>H. pylori</i> Urea Breath	83013	GEL
180764	<i>H. pylori</i> Stool Antigen	87338	GEL
001321	Iron and IBC	83540, 83550	GEL
001115	LDH	83615	GEL
007708	Lithium (Eskalith [®])	80178	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

001537	Magnesium	83735	GEL
006189	Mononucleosis Test, Qual	86308	GEL
884247	NMR LipoProfile [®]	83704	NMF
007823	Phenobarbital (Luminal [®])	80184	SER
007401	Phenytoin (Dilantin [®])	80185	SER
001024	Phosphorus	84100	GEL
001180	Potassium	84132	GEL
004465	Prolactin	84146	GEL
010322	PSA	84153	GEL
480947	PSA, Free: Total Ratio [*]	84153, 84154	GEL
005199	Prothrombin Time (PT)/INR	85610	BLU
020321	PT and PTT Activated	85610, 85730	BLU
005207	PTT Activated	85730	BLU
182879	QuantIFERON [®] - TB Gold Plus	86480	KIT
006502	Rheumatoid Arthritis Factor	86431	GEL
006072	RPR	86592	GEL
006197	Rubella Antibodies, IgG	86762	GEL
005215	Sed Rate, Westergren	85652	LAV
001198	Sodium	84295	GEL
004226	Testosterone, Total	84403	GEL
070001	Testosterone Women/Children	84403	GEL
007336	Theophylline	80198	SER
330015	Thyroid Cascade Profile	see reverse	GEL
001149	Thyroxine (T ₄)	84436	GEL
001974	Thyroxine (T ₄), Free	84439	GEL
082345	<i>T. pallidum</i> Screening Cascade	see reverse	GEL
001172	Triglycerides	84478	GEL
002188	Triiodothyronine (T ₃)	84480	GEL
001156	T ₃ Uptake	84479	GEL
004259	TSH, 3rd generation	84443	GEL
001057	Uric Acid	84550	GEL
003038	Urinalysis	81003	GEL
081950	Vitamin D, 25-Hydroxy	82306	GEL

MICROBIOLOGY

ENDOCERVIX THROAT URINE
 STOOL URETHRA

OTHER SOURCE:

008649	Aerobic Bacterial Culture †	87070	Bact Trnspt
008482	Fungus Culture †	87101	Steril Trnspt
008334	Genital Culture, Routine †	87081	Bact Trnspt
008540	Gram Stain	87205	SLD
188132	Grp B Strep Detect, NAA	87150	Bact Trnspt
188139	Grp B Strep Detect, NAA Rtx to 'suscept	87150	Bact Trnspt
182949	Occult Blood, Fecal, IA	82274	Polymerase Chain Reaction Kit
008623	Ova and Parasites	87177, 87209	O & P Kit
008144	Stool Culture †	87045, 87046, 87427	Fecal Trnspt
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081	Bact Trnspt
008342	Upper Respiratory Culture, † Routine	87070	Bact Trnspt
008847	Urine Culture, Routine †	87086	Urn Cult Trnspt

NuSwab Tests (check only one)

180039	NuSwab [®] Vaginitis (VG)	See Reverse
180021	NuSwab [®] Vaginitis Plus (VG+)	See Reverse
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	<i>C. albicans</i> & <i>C. glabrata</i> , NAA	87801
180010	Candida Six-species Profile, NAA	87801
183194	<i>Chlamydia/Gonococcus</i> , NAA ¹	87491, 87591
183160	Ct/Ng/Tv ¹	See Reverse
180089	Genital Mycoplasmas, Swab	87798(x3)
188056	HSV 1 & 2, NAA	87529(x2)
188052	<i>Trichomonas vaginalis</i> , NAA ¹	87661

ENHANCED REPORTING

910343	Chronic Kidney Disease Report
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipoProfile, or lipid panel)

† = ID / Susceptibility at Additional Charge
 * = Confirmation at Additional Charge
 1 = Also available with Aptima[®] urine

Clinical Information/Comments

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. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.