



LabCorp Information Systems
 3060 S Church Street
 Burlington, NC 27215

Phone: 336-222-7566

Specimen Number 183-990-4511-6		Patient ID		Control Number	Account Number 12311000	Account Phone Number 336-436-8589	Route 50
Patient Last Name BROTHER6				Account Address QA TESTING CENTERXXXXXXXXXXXX RICH'S TESTINGXXXXXXXXXXXX TAPCO BUILDING 2ND FLOORXXXXXXXXXXXX BURLINGTON NC 27215-3361			
Patient First Name		Patient Middle Name					
Patient SS#	Patient Phone	Total Volume					
Age (Y/M/D)	Date of Birth	Sex N	Fasting				
Patient Address				Additional Information			
Date and Time Collected 07/02/07 00:00	Date Entered 07/02/07	Date and Time Reported 07/30/07 11:22ET		Physician Name	NPI	Physician ID	
TEST(S) ORDERED:				General Comments 001818-Glucose, Plasma			

Billing Information Required

To enable LabCorp to file an insurance claim on behalf of your patient, please provide or update as indicated the required billing information listed below. The HIPAA Privacy regulation at 45 CFR 164.506 (c) (3) provides that a covered entity (Physician's Office/ Referring Provider) may disclose "PHI" to another covered entity (LabCorp) for purposes of payment without patient authorization.

Please provide requested information and return via your service representative or fax to 336-436-0515 within 3 days.

Physician's Signature

Please Provide:

Physician's original signature is required when billing Medicaid, some states allow stamped signatures.

Updated/Corrected Information:

Physician/Designee Signature: _____

Date: _____

BROTHER6,		183-990-4511-6	Seq # 0077
------------------	--	-----------------------	------------

07/30/07 11:27 ET

Request For Information

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.

©2004-07 Laboratory Corporation of America © Holdings

If you have received this document in error, please call 800-222-7566

All Rights Reserved

DOC1 Ver: 1.33