

LabCorp Voucher Instructions

Print the following voucher and take it to your local LabCorp Patient Service Center (PSC).

How to locate a LabCorp Patient Service Center (PSC) for specimen collection and body measurements:

- Visit the LabCorp website at www.labcorp.com/labs-and-appointments
- In the Search box, enter an address or zip code
- Under Service, click on “Employee wellness with body measurement”
- Choose your mileage radius
- Click Search
- Any location that includes “LABCORP” in the site name or that does not have a site name listed can be used when conducting a search for a patient service center. If it is a vendor/ contracted third-party, the site name will not include “LABCORP” and these locations should not be used for wellness testing.

Note: It is advised to make an appointment prior to your visit.

You must take the following two items with you to the LabCorp PSC:

- The following LabCorp Voucher (Clinical Requisition Form) with your first and last name, and date of birth written on the form
- Photo ID

** It's very important that you have these two items with you when you arrive at the LabCorp PSC.*

** **Please note:** You are not required to provide your insurance information or provide payment for your LabCorp services as there is no cost to you.*

Questions? Please contact us at support@adurolife.com



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

Lehigh University 2020-2021 c/o Aduro, Inc
 LABCORP WELLNESS VERIFIED
 17425 NE Union Hill Rd #100
 Redmond, WA 98052
 866-906-2433

Fax

Call

Send additional copy of report to:

Client Number/Physician's Name _____

Phone/Fax Number _____

0703.33

ENTER ONLY THE ACCOUNT NUMBER CIRCLED

LABCORP ACCOUNT NUMBER: **46902150**

CIRCLE ONE:
 1881691822- Steffen,
 Ted S

CHECK ONE:
 03 [X] ACCOUNT BILL

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth			Collection Time	Fasting	Collection Date			Urine hrs/vol
			MO	DAY	YR	AM PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	MO	DAY	YR	hrs ____ vol ____
NPI	Physician's ID #	Patient's ID #		Hospital Patient Status:							
				<input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient							
Physician's Name (Last, First)		Physician/Authorized Signature			Patient's Address			Phone			
		X									
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service					City			State		ZIP	
Highest Specificity REQUIRED								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.											
Patient's Signature					Date						
X											
MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)											
Refer to Determining Necessity of ABN Completion on reverse.											

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

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	

- [X] 262204- LP+Glu
- [] 081950- Vitamin D, 25-Hydroxy
- [] 010322- Prostate-Specific Ag
- [X] 100768- Glom Filtr Rate, Estimated
- [X] 001057-Uric Acid
- [X] 005033- RBC
- [X] 005058- Hematocrit
- [X] 005009 - CBC with Differential/Platelet
- [X] 322000- Comp. Metabolic Panel (14)
- [] 101300- Biometrics
- [] 000620- Thyroid Panel With TSH
- [X] 001958- GGT
- [X] 001024- Phosphorus
- [X] 005025- WBC
- [X] 001453- Hemoglobin A1c
- [X] 005249- Platelet Count

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.

ITEM # 056508 FORM # 0703 (UNIVERSAL FREEFORM 07)

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PLEASE PRINT

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