

Option 2

CSU LabCorp Walk-in Facility Form

(ANTHEM ENROLLED EMPLOYEE, SPOUSE, DOMESTIC PARTNER, CIVIL UNION PARTNER)



720-934-5588

In the event that you were not able to attend the CSU **FIT**life Health Fair in 2016, you may utilize a LabCorp walk-in facility to receive a no-cost Lipid/Glucose Panel blood draw. Testing must be completed by December 31, 2016.

Instructions on locating and receiving services at a LabCorp location:

- 1) Locate a LabCorp Patient Service Center (PSC) for specimen collection:
 - On the LabCorp website www.labcorp.com, click on 'Find a Lab' and enter your zip code.
 - Or
 - Call 1-888-LABCORP (522-2677).

****You must utilize a PSC LabCorp facility to receive no-cost services****

- 2) Take the PHN Service Authorization Form (page two of this document) along with a photo ID to LabCorp. Complete the form with your full name and date of birth. Services cannot be provided without the attached form or photo ID.

For best results, it is recommended that you fast 6-8 hours prior to your test. Results are normally available within two weeks and are sent directly to you via postal mail.

ALL information must be COMPLETE to achieve the

✓ Blood Draw / Biometrics
wellness requirement



1372240
RECOMMENDED BY



Preventive Health Now, LLC/Colorado State
LABCORP WELLNESS VERIFIED
7406 S. Pontiac Way
Centennial CO 80112
720-934-5588

Significant Clinical Information

_____ Fasting _____ Non-Fasting

CUSTOMIZED REQUEST

(EMBOSSING AREA)



1372240

Account No. **05006410**

Submit Separate Specimens (Not Request Forms) for each Frozen Test Requested.

Specimen Date Mo Day Yr		Specimen Time Hr Min		Patient Name (Last)			(First, MI)			Sex	Date of Birth Mo Day Yr			Age Yrs Mos					
				Patient I.D. #			Physician I.D.			Patient/Resp. Party's Phone #									
I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION RELATED TO THE SERVICES DESCRIBED HEREIN AND AUTHORIZE PAYMENT DIRECTED TO LABCORP. I AGREE TO ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR LABORATORY SERVICES THAT ARE NOT COVERED BY MY HEALTHCARE INSURER.				Responsible Party or Insured's Name (Last, First)						Patient's SS #									
				Address						City			State			Zip Code			
Patient's Signature				Date				Resp. Party's Employer						Medicaid Number/HMO #			Medicare #		
Physician Name				NPI #		UPIN #		Physician's Signature			Provider #								
Diagnosis Code (ICD-9)				Insurance Code or Company Name and Address						Insurance I.D. #			Workers Comp. Yes No						
Group # or Name				Relationship to Insured (Circle One) 1-Self 2-Spouse 3-Other		Urine Total 24hr. Vol. _____			Patient's Ht. _____ Wt. _____										

PLEASE PRINT

PLEASE PRINT

CHECK ONE:
03 [X] ACCOUNT BILL

CIRCLE ONE:
1598053613-BECKETT,M

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.

- @ = Subject to Medicare medical necessity guidelines
- % = Subject to Medicare frequency guidelines
- # = Medicare deems investigational

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	

TRAVEL LOG ID		
PST HR#	DATE	LOG#

[X] 262204 Lipid Panel + Glucose

[X] 101300 Biometrics

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

GEL SPUN	USST UNSPUN	SER SERUM TRNSPT	FRZ FRZ TRNS	RED RED	LAV LAVENDER	SLD SLIDE	BLU LT. BLUE	GRY GREY	GRN GREEN	RYB RYL BLU	YEL ACD	PLS PLASMA	URN URINE	24U 24 HR URINE	TA-U TART. ACID	FL FLUID	OT OTHER	BACT BACT TRNSPT	O & P KIT	PROBE PROBE TRNSPT	URN CUL URN CUL TRNSPT	STERIL STERIL TRNSPT	FECAL FECAL TRNSPT	VIRAL VIRAL TRNSPT
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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 AND COMMON TEST COMBINATIONS ARE SHOWN ON THE REVERSE SIDE, AND ANY COMPONENT MAY BE ORDERED INDIVIDUALLY. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY. THE INDIVIDUAL COMPONENTS OF ANY CUSTOMIZED PROFILES HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY.

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