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| **PATIENT INFORMATION BILL TO SPECIMEN COLLECTION** |
| LAST NAME FIRST NAME MIDDLE IN BIRTHDATE MALE FEMALE  | * PATIENT
* ACCOUNT
* OTHER
 | DATE | TIME |
| ADDRESS APT# CITY STATE ZIP |

 SPECIMEN TYPE TRANPORT MEDIUM

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| SOCIAL SECURITY NUMBER TELEPHONE NUMBER PATIENT CHART# FASTING[ ]  NON-FASTING[ ]  | Lab# |
| RESPONSIBLE PARTY IF DIFFERENT FROM THE PATIENTLAST NAME FIRST NAME MIDDLE IN | RELATIONSHIP TO ISSUREDSELF [ ]  SPOUSE[ ]  CHILD[ ]  OTHER[ ]  | REFFERED BY |
| SOCIAL SECURITY NUMBER TELEPHONE NUMBER |  |
|  |
| INSURANCE/INSURANCE COMPANY INFORMATIONINSURANCE COMPANY NAME TELEPHONE |

 BILLING ADDRESS CITY STATE ZIP

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| MEDICARE #& SUFFIX INSURANCE ID# GROUP/CATEGORYOR POLICY NO. |
|  **Information Release Authorization**I Authorize the release on any medical information necessary to process this claim and request payment of medical benefits to Primary Diagnostics Laboratory PLLC. I understand co-payments, deductibles and tests not covered by my insurance company are my responsibility.PATIENT OR AUTHORIZEDPERSON SIGNATURE x­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Medicare Advance Beneficiary NoticeI have been informed that Medicare will only pay for service that it determinate to be “reasonable and necessary” under section 1802 (a)(1) of Medicare law, I have been notified on the date above by the physician/supplier that he/she believes, that in my care, Medicare likely to deny payment, for the reason stated in (ABN), I agree to be personally and fully responsible for the payment .SIGNATURE (Medicare Beneficiary) X ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SPACE FOR ADDITIONAL INFORMATION, BILLING, SECONDARY INSURANCE INFORMATION, TESTS OR INSTRUCTIONS. |

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| ☐\_\_\_\_\_139900: COVID-19 Confirmation Test ICD-10: U07.1 NOTE: A positive result is considered definitive evidence of infection. However, a negative resultdoes not definitively rule out infection. As with any test, the accuracy relies on many factors. |

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| ☐\_\_\_\_139650: COVID-19 and other Respiratory pathogen panel (RPP) Confirmation Panel ICD-10: Z01.7 NOTE: Respiratory Pathogen Profile, PCR does not detect COVID-19, but it may be useful to detect other suspected respiratory tract infections, such as influenza, parainfluenza, and respiratory syncytial virus. |
| **Detectable Pathogens** | **Abbreviations** |
| SARS-CoV-2 | NCOV |
| Coronavirus 229E/NL63 | 229E |
| Middle East Respiratory Syndrome Coronavirus(MERS-CoV) | MERS |
| Sarbecovirus (SARS, SARS like, SARS-CoV-2) | SARS |
| Adenovirus A/B/C/D/E | HAV |
| Enterovirus A/B/C | HEV |
| Influenza A | FLUA |
| Influenza B | FLUB |
| Rhinovirus A/B | RHV |

PHYSICIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_