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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 PATIENT  LAST NAME FIRST NAME MIDDLE IN | RELATIONSHIP TO ISSURED  SELF  SPOUSE  CHILD OTHER | REFFERED BY |
| SOCIAL SECURITY NUMBER TELEPHONE NUMBER |  |
|  |
| INSURANCE/INSURANCE COMPANY INFORMATION  INSURANCE 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 AUTHORIZED  PERSON SIGNATURE x­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Medicare Advance Beneficiary Notice  I 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 result  does 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_