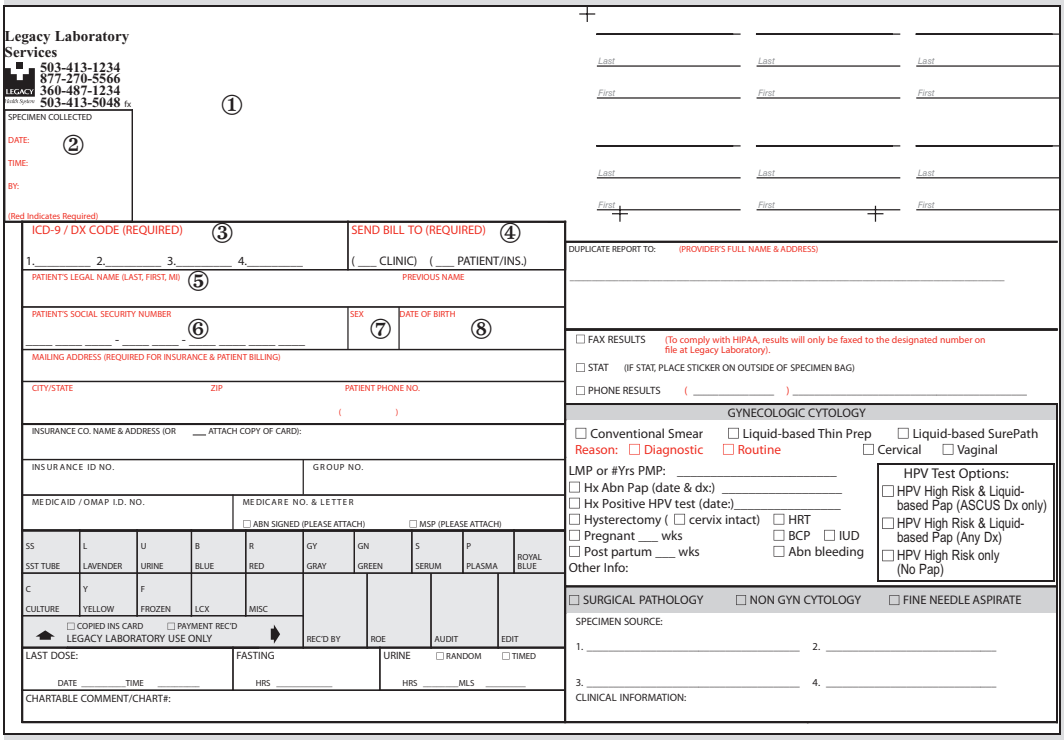
TO BILL YOUR OFFICE (Required Information)

(1) Indicate Ordering Provider
(2) Collection date/time, phlebotomist initials
(3) Indicate valid ICD9 code(s)
(4) Mark the Clinic option in the "SEND BILL TO" Box
(5) Patient Name*
(6) Patient Social Security Number*
(7) Sex
(8) Date of Birth

*When submitting coded/anonymous specimens, the patient name and social security number may be omitted.



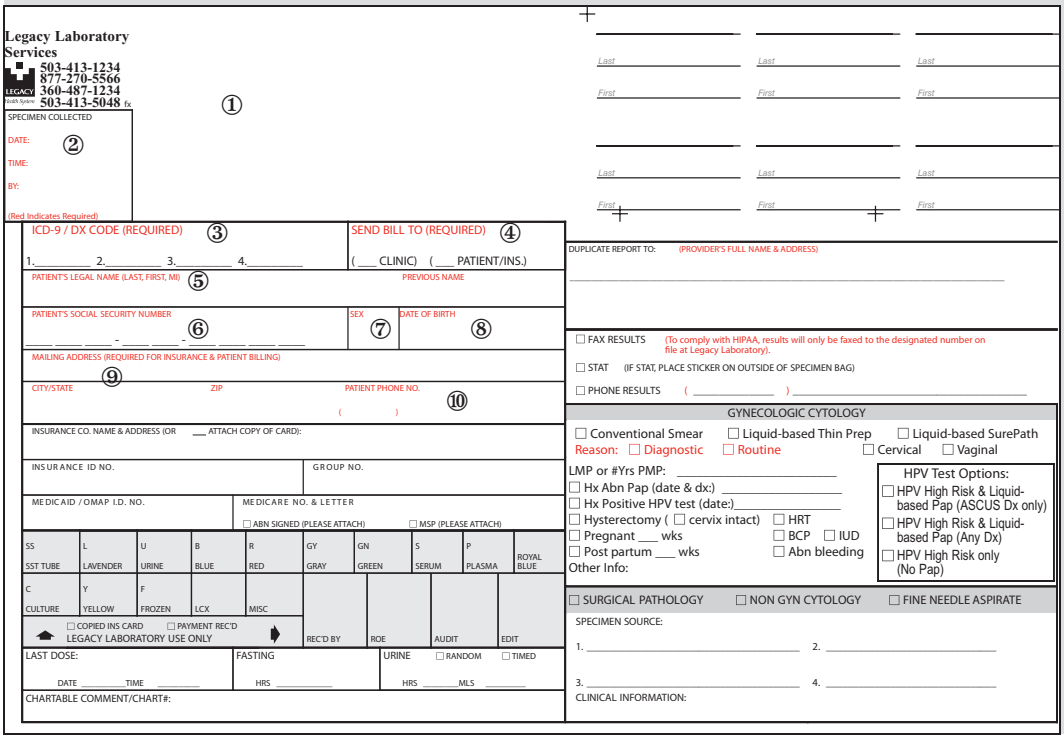
DID YOU REMEMBER...

To mark Clinic in the "BILL TO" box?

To request or mark tests?

TO BILL YOUR PATIENT SELF PAY (Required Information)

(1) Indicate Ordering Provider
(2) Collection date/time, phlebotomist initials
(3) Indicate valid ICD9 code(s)
(4) Mark the "Patient/ins" option in the "SEND BILL TO" Box
(5) Patient Name
(6) Patient Social Security Number
(7) Sex
(8) Date of Birth
(9) Patient Address (include Zip)
(10) Patient Phone (include area code)



DID YOU REMEMBER...

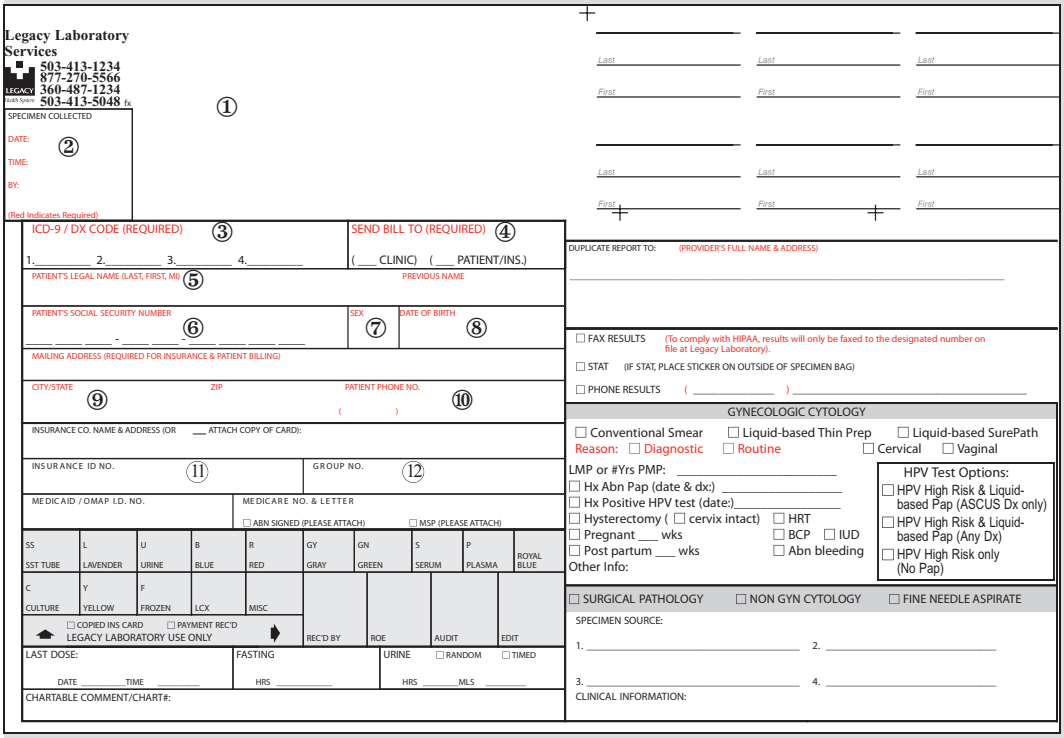
To mark or indicate ordering provider?

To mark Patient (self pay) in the "BILL TO" box?

To include diagnosis code(s)?

TO BILL MEDICARE / MEDICAID (Required Information)

(1) Indicate Ordering Provider
(2) Collection date/time, phlebotomist initials
(3) Indicate valid ICD9 code(s) reflecting medical necessity
(4) Mark the Patient/Ins option in the "SEND BILL TO" box
(5) Patient Name as it Appears on Medicare / Medicaid Card
(6) Patient Social Security Number
(7) Sex
(8) Date of Birth
(9) Patient Address (include Zip)
(10) Patient Phone (include area code)
(11) Patient Medicaid recipient ID#
(12) Patient Medicare # (including suffix)



DID YOU REMEMBER...

To mark or indicate ordering provider?

To include diagnosis codes?

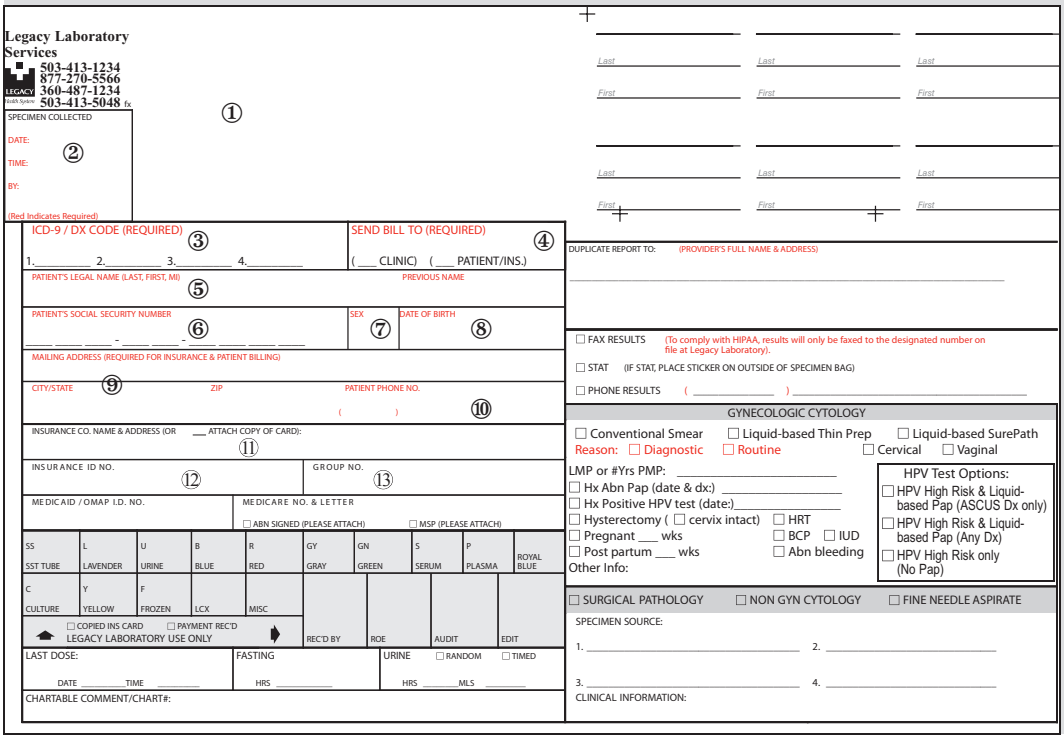
To request or mark tests?

To complete MSP and ABN if necessary?

For questions on Medicare Compliance, please call 503-413-2291

TO BILL INSURANCE (Required Information)

(1) Indicate Ordering Provider
(2) Collection date/time, phlebotomist initials
(3) Indicate valid ICD9 code(s)
(4) Mark the Patient/Ins option in the "SEND BILL TO" box
(5) Patient Name as it Appears on Insurance Card
(6) Patient Social Security Number
(7) Sex
(8) Date of Birth
(9) Patient Address (include Zip)
(10) Patient Phone (include area code)
(11) Insurance Co. Name, Address, Zip
Attach copy of insurance card
(12) Insurance Member ID#
(13) Insurance Group #



DID YOU REMEMBER...

To mark or indicate ordering provider?

To include diagnosis code(s)?

To request or mark tests?

To attach copy of insurance card?