

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Highsmith, Marcus			PHYSICIAN NAME: Allen, Debora NP		
D.O.B.: 1/16/1964 SEX: Male			UPIN:		
I.D.: 107 S.S.N: 062-62-6648			NPI: 1285726208		
UNIT: East 7 ROOM/BED: 718/A			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z01.89		
COLLECTION DATE/TIME:					
FASTING: Y / N					
Responsible Party			TEST LIST		
NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge ADDRESS: 3400 Cannon Place Bronx, NY 10463			NASOPHARYGEAL SWAB FOR COVID 19 (PCR)		
Primary Billing (INSURANCE)					
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City UT, SUBSCRIBER#: 913587574					
2nd Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: YN25322H					
		INTERNAL CONTROL			
____ L-Lav ____ Cultrt ____ R-Red ____ S-SST ____ GY-Grey ____ Lt. Blue ____ Black & Yellow Tube					
____ G-Green ____ Y-Yellow ____ W-PPT ____ RB-Royal Blue ____ Strl Cup					
____ Viral Cul ____ O&P ____ BLD Cul ____ FS-Froz ____ Slide ____ Thinprep Vial					
____ Rand Urine Cup ____ 24 hr ____ U-Urn Tube ____ Timed ____ BORICULT					
LAB I.D. #					

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