

		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: Taylor, David			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 3/8/1954 SEX: Male			UPIN:		
I.D.: 12239 S.S.N: 075-46-2740			NPI: 1134502958		
UNIT: West 2 ROOM/BED: 235/B			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, INFLUENZA ANTIGEN A&B AND RSV PRN		
Primary Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 9EN8XP2VU54					
2nd Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: XE81467H					
		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. #					

		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: Taylor, David			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 3/8/1954 SEX: Male			UPIN:		
I.D.: 12239 S.S.N: 075-46-2740			NPI: 1134502958		
UNIT: West 2 ROOM/BED: 235/B			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, INFLUENZA ANTIGEN A&B AND RSV PRN		
Primary Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 9EN8XP2VU54					
2nd Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: XE81467H					
		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. #					