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: Medina, Arbeyis		**PHYSICIAN NAME:** Talpada, Motibhai MD
D.O.B.: 8/25/1953	**SEX:** Female	**UPIN:**
I.D.: 12344	**S.S.N:** 075-86-8275	**NPI:** 1134502958
UNIT: West 5	**ROOM/BED:** 528/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		Z01.89
COLLECTION DATE/TIME:		
		FASTING: Y / N

Responsible Party

NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge

ADDRESS: 3400 Cannon Place
Bronx, NY 10463

Primary Billing (INSURANCE)

INS NAME: HIP MC
PAYOR CODE:
GROUP #:
ADDRESS:
,
SUBSCRIBER#: K4049683101

2nd Billing (INSURANCE)

INS NAME: Medicaid
PAYOR CODE:
GROUP #:
ADDRESS:
,
SUBSCRIBER#: N/A

TEST LIST

NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV PRN

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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