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: Griggs, Leroy		**PHYSICIAN NAME:** Allen, Debora NP
D.O.B.: 9/17/1964	**SEX:** Male	**UPIN:**
I.D.: 1444	**S.S.N:** 122-62-7306	**NPI:** 1285726208
UNIT: West 2	**ROOM/BED:** 239/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:		I10
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	CBC, CMP, TSH, LIPID PROFILE, A1c and Vit D Specify date of service (3/22/2022): Indicate if STAT order (/NO): *
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** RS17823H	
2nd Billing (INSURANCE)	
INS NAME: Evercare **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** N/A	

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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