

		CENTERS LABORATORY	Client Information
Attending: Silberberg, Charles MD			ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463
Patient Information		Ordering Physician Information	
NAME: Cotto, Raul		PHYSICIAN NAME: Kang, Moonwha	
D.O.B.: 8/20/1957 SEX: Male		UPIN:	
I.D.: 258 S.S.N: 584-06-5403		NPI: 1790035004	
UNIT: East 7 ROOM/BED: 706/B		DIAGNOSIS CODES	
ORDER DATE/TIME:		Z11.59	
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		Nasopharyngeal swab for Covid-19, Influenza A&B antigen, RSV	
Primary Billing (INSURANCE)			
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: YK52810K			
2nd Billing (INSURANCE)			
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: 972589749			
		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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