

		CENTERS LABORATORY		Client Information	
Attending: Talpada, Motibhai MD				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Davis, Koquicha			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 9/21/1980 SEX: Female			UPIN:		
I.D.: 604 S.S.N: 451-63-0826			NPI: 1134502958		
UNIT: West 5 ROOM/BED: 521/P			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			NASOPHARYGEAL SWAB FOR COVID 19, INFLUENZA ANTIGEN A&B AND RSV		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: XH69145U					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: 6P09RK8PQ51					
		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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