

		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: Timmons, Nancy			PHYSICIAN NAME: Samaniego, Robert MD		
D.O.B.: 8/12/1946		SEX: Female		UPIN:	
I.D.: 6306		S.S.N: 247-82-4778		NPI: 1083632392	
UNIT: East 7		ROOM/BED: 713/A		DIAGNOSIS CODES	
ORDER DATE/TIME:			Z29.9		
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 PCR FOR COVID 19		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: ZC33377N					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 5EY5W05MM97					
		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: Timmons, Nancy			PHYSICIAN NAME: Samaniego, Robert MD		
D.O.B.: 8/12/1946		SEX: Female		UPIN:	
I.D.: 6306		S.S.N: 247-82-4778		NPI: 1083632392	
UNIT: East 7		ROOM/BED: 713/A		DIAGNOSIS CODES	
ORDER DATE/TIME:			Z29.9		
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 PCR FOR COVID 19		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: ZC33377N					
2nd Billing (INSURANCE)					
INS NAME: Medicare Part A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 5EY5W05MM97					
		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. #					