

		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: Seda Freytes, Alicia			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 3/12/1945 SEX: Female			UPIN:		
I.D.: 7534 S.S.N: 101-36-9921			NPI: 1134502958		
UNIT: West 3 ROOM/BED: 321/P			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z01.89		
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			Nasal Swab Using Abbott Binax NOW Covid-19 Ag Card for Rapid detection of SARS-CoV-2 (COVID 19) PRN		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: XP21665X					
2nd Billing (INSURANCE)					
INS NAME: Unassigned 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. #					

		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: Seda Freytes, Alicia			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 3/12/1945 SEX: Female			UPIN:		
I.D.: 7534 S.S.N: 101-36-9921			NPI: 1134502958		
UNIT: West 3 ROOM/BED: 321/P			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z01.89		
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			Nasal Swab Using Abbott Binax NOW Covid-19 Ag Card for Rapid detection of SARS-CoV-2 (COVID 19) PRN		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: XP21665X					
2nd Billing (INSURANCE)					
INS NAME: Unassigned 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. #					