To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

2017 Wellness Incentive Form

☐ Fax ☐ Call ☐ Mail — Send additional copy of report to: Client Number/Physician's Name; Phone/Fax Number ( ); Physician's Address; City, State, Zip

0703.21

Stein Mart, Inc.
LABCORP WELLNESS VERIFIED
1200 Riverplace Boulevard
JACKSONVILLE FL 32207
904-858-2695

*****ENTER ONLY THE ACCOUNT NUMBER CIRCLED*****

LABCORP ACCOUNT NUMBER: 09390960

CIRCLE ONE:

1053599654-SPRATT, DAVID (ALL EXCEPT CA & NY)

1164678355-SALIS, DONALD (CA)

1710957600-ORAN, BRUCE (NY)

CHECK ONE:
03 [X] ACCOUNT BILL

Patient's Legal Name (Last, First, MI) | Sex | Date of Birth MO DAY YR | Collection Time : AM PM | Fasting ☐ Yes ☐ No | Collection Date MO DAY YR | Urine hrs/vol hrs____ vol____

NPI | Physician's ID # | Patient's ID # | Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) | Physician/Authorized Signature X

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED

PATIENT: Patient's Address | Phone | City | State | ZIP

RESP. PARTY: Name of Policy Holder (if different from patient) | Address of Policy Holder | APT # | City | State | ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State / Physician's Provider #	Workers Comp ☐ Yes ☐ No

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature ____ Date ____

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

LABCORP USE ONLY: STAT ☐ 998074 | VENIPUNCTURE ☐ 998085 | NON LABCORP ☐ 998239 | VERBAL ORDER ☐ 998250 | CHART ORDER ☐ 998261 | HANDWRITTEN ☐ 998272 | 24 HR TUV ☐ 998283 | PST/PSC #

PLEASE PRINT

PLEASE PRINT

[X] 716555 - Nicotine Metabolite, Urine

[X] 303756 - Lipid Panel

[X] 780235 - Wellness Physician Review

[X] 780237 - Physician Review Admin Fee

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.

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