

STEP 1: PHYSICIAN'S INFO	STEP 2: PATIENT'S INFO	STEP 3: BILLING INFO
ACCT: _____ <input type="checkbox"/> Call results to: () _____ <input type="checkbox"/> Fax results to: () _____	Last Name _____ First Name _____ M.I. _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: _____ Street Address _____ City _____ State _____ Zip _____ SSN: _____ Phone #: _____	Insurance Co. Name: _____ Subscriber Member # _____ Group # _____ Physician's Provider _____ Insurance Address _____ City _____ State _____ Zip _____
Signature _____ <input type="checkbox"/> Bill Patient		<input type="checkbox"/> Bill Client
<input type="checkbox"/> Diagnostic Codes: _____		

STEP 4: COMMENTS:

STEP 5:	STEP 6: INDICATE CURRENT MEDICATIONS																																																																																																																												
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STEP 7: I authorize the collection of this specimen for the purpose of analytical testing by Accu Reference and release of results to my treating physician and staff. I authorize Accu Reference and or its designees to obtain insurance and billing information and release of such information as necessary to determine and collect benefits. I understand I am financially responsible for payments should insurance be denied, partially paid, or co-payments required.

PATIENT SIGNATURE _____ INITIALS _____ MONTH _____ DAY _____ YEAR _____

STEP 8: **COLLECTOR** Have patient initial and date the specimen seal and affix over the top of the urin container and down the sides. Place specimen into shipping bag for shipment to Accu Reference.

Name: _____

Date: _____ Initials: _____