

TRANSMISSION VERIFICATION REPORT

TIME : 07/07/2021 08:09
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/07 08:08
9185587967369741319
00:01:08
03
OK
STANDARD

AUM NURSING CARE CENTER
7461 EAST DR # 102
MONTGOMERY, AL 36117
334-244-3281

Subject: Missing Information Request

June 17, 2021

Dear Valued Client:

QUEST DIAGNOSTICS INCORPORATED has not received sufficient information to process a bill or claim for the patient(s) listed on the enclosed missing information sheet(s). Please provide the requested information and sign the bottom of each sheet.

Forms can be returned by FAX, or by mailing to the address below. For your convenience, you may also respond by phone during the hours listed below.

Fax Number: 1-855-879-6736 Phone Number: 1-866-709-0772 ext 1800
Business Hours: WEEKDAYS 08:00 AM - 04:30 PM EST
Mailing Address: QUEST DIAGNOSTICS INCORPORATED
BDA
1777 MONTREAL CR
TUCKER, GA 30084

The test(s) listed in this document are subject to limited coverage determination. According to the applicable insurance policy, the diagnosis code(s) provided does not support the medical necessity of the test(s). Please review the patient's medical record and ensure we have received the applicable reason(s) for the ordered test(s). Reasons may include signs and symptoms as well as conditions. Certain tests ordered for screening purposes may have preventive services coverage.

Please see the Medicare Preventive Services Educational Tool at:
www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html for covered tests and diagnosis and frequency requirements.

Please note that all diagnosis code(s) provided must be documented in the patient's medical record.

Thank you for your immediate attention.



1777 MONTREAL CR
TUCKER, GA 30084

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TUCKER GA 30084
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Page 1 of 1

REQUEST FOR BILLING INFORMATION

Entity: ATL Client #: 49100638
AUM NURSING CARE CENTER
7461 EAST DR # 102
MONTGOMERY, AL 36117
334-244-3281

Patient Name	Requisition	Date of Birth	Date of Service	Ordering Physician	Insurance Name
SMITH, FREDDIE	8823839	01/25/1977	06/09/2021	BARTON, LINDSEY	BCBS
Patient ID: 1448				AL724976EX	

PAYER REQUIRES PRIMARY ICD10

Test Ordered: 0007600	*LIPID PANEL, STANDARD	713.220
Test Ordered: 0000899	TSH	713.29
Test Ordered: 0006399	CBC (DIFF/PLT)	M10.9
Test Ordered: 0010231	COMP METAB PNL	M10.9
DX Given: Z0000		

Total Records: 1

Completed by: Lindsey Barton, CLP L. Barton, CLP 7/6/21
(Print Name) (Signature) (Date)

Lab/SL: AT ADT: AL40599 Sales ID: JC43 Zip: 36117