

RUDOLPH, LINDA J (id #114844, dob: 11/27/1961)

LabCorp (1722 PINE ST STE 601, MONTGOMERY,AL, 36106)

COR EDI

athenahealth

Account#: 01001040 Req/Control #: 1298791CE9186			
Collection Date: Collection Time: Courtesy Copy:			
Client / Ordering Site Information Account Name: JACKSON HOSPITAL & CLINIC, INC. - Jackson Family Medicine Pike Road Address: 11123 Chantilly Pkwy Suite M City, State Zip: PIKE ROAD, AL 36064-2880 Phone: (334) 832-2301		Provider Information Approving Provider: CHRISTOPHER WAGUESPACK, MD NPI: 1275775165 Ordering Provider: CHRISTOPHER WAGUESPACK, MD NPI: 1275775165	
Patient Information			
Patient Name: RUDOLPH, LINDA Gender: F Age: 57yo Race: Black or African American Patient Address: 191 COUNTY RD 13 City, State Zip: HAYNEVILLE, AL 36040		Date of Birth: 11/27/1961 Patient SSN: *****5443 Alt Pat ID: 114844 Phone: (334)563-7787	
Additional Information: Height: 62.0 inch, Weight: 149 lbs 0 oz			
Bill Type: Third Party, LCA Ins Code: UNITE, Worker's Comp: N			
Responsible Party / Guarantor Information:			
RP Name: RUDOLPH, LINDA RP Address: 191 COUNTY RD 13, HAYNEVILLE, AL 36040		RP Phone: (334)563-7787 RP Relation to Pt: Self	
Primary Insurance Information		Secondary Insurance Information	
LCA Ins Code: UNITE Ins Co Name: United Healthcare Ins Address: PO BOX 740800, Ins City, State Zip: ATLANTA, GA, 30374-0800 Group #: 15500 Policy Number: 966040671		LCA Ins Code: Ins Co Name: Ins Address: , Ins City, State Zip: , , Group #: Policy Number:	
Primary Policy Holder / Insured		Secondary Policy Holder / Insured	
Insured Name: RUDOLPH, LINDA Insured Address: 191 COUNTY RD 13, , HAYNEVILLE, AL, 36040 Insured Relation to Pt: Self		Insured Name: , Insured Address: , , , Insured Relation to Pt:	

RUDOLPH, LINDA DOB: 11/27/1961 01001040	1298791	RUDOLPH, LINDA DOB: 11/27/1961 01001040	1298791	RUDOLPH, LINDA DOB: 11/27/1961 01001040	1298791	RUDOLPH, LINDA DOB: 11/27/1961 01001040	1298791
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Order generated: 07/29/2019 09:39 AM

Orders included: 4

Hyperlipidemia | ICD-10: E78.5: Hyperlipidemia, unspecified

- 303756 | lipid panel -303756-P | Order ID: 8531995H9186 | BILL: Third Party
- 322000 | comp. metabolic panel (14)-322000-P | Order ID: 8531996H9186 | BILL: Third Party
- 005009 | CBC with differential/platelet | Order ID: 8531998H9186 | BILL: Third Party

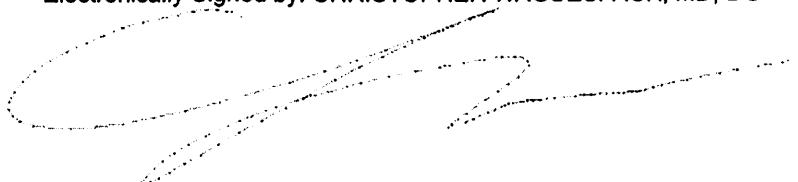
Vitamin D deficiency | ICD-10: E55.9: Vitamin D deficiency, unspecified

- 081950 | vitamin D, 25-hydroxy -081950-P | Order ID: 8532005H9186 | BILL: Third Party

Authorization - Please sign and Date

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

Electronically Signed by: CHRISTOPHER WAGUESPACK, MD, DO



Patient Signature

Physician Signature