

**PHYSICIAN'S STATEMENT
AND INSURANCE REPORT**

MEDICAL HEALTH LAB

2000 Stelton Rd. Piscataway, NJ 08854
Tel: (732) 562-0000 ext. 7 • Fax: (732) 463-2222

Referring Physician:

- Ara Apel, MD
Internal Medicine, Endocrinology Lic# MA 47582
- Alieta Eldridge, MD
Internal Medicine, Lic# MA 39925
- John Smith, MD
Family Medicine, Lic# MA 40377
- Cecil Muijres, MD
Internal Medicine, Infectious Diseases, Lic# MO 56362

MEDICARE # 541222
EIN - 22-31725290
CLIA # 31D0891922

TECHNICAL SUPERVISOR - VIRGINIA BABLE, MT, ASCP
MEDICAL DIRECTOR - ALIETA ELL, MD

Patient: _____ Fasting: Yes No _____ Hour Post-Prandial _____ Time Drawn: _____ Date of Service: _____

PROCEDURE	CODE	SEE	PROCEDURE	CODE	SEE	PROCEDURE	CODE	SEE	PROCEDURE	CODE	SEE
CBC	85025		CEA	82378		Lyme Antibodies (IgG, IgM, IgA)	86318		Alcohol Screen		82055
Comprehensive Metabolic Panel	80053		C-Peptide	84681		Lyme Antibody (IgM Only)	86617		Carbamazepine (TEGRETOL)		80156
Basic Metabolic Panel	80048		C-Reactive Protein	85140		Lyme-Western Blot	x2 86177		Digoxin		80182
Electrolytes	80051		C-Reactive Protein, Cardiac	85141		Magnesium	86335		Doxepin		80166
Hepatic Function Panel	80076		Cortisol, Serum	82533		Mono Screen	86308		Lithium		80178
Renal Function Panel	80069		CPK, Total	82550		Progesterone	84144		Phenobarbital		80184
Lipid Profile	80061		CMV	86644		Prolacin	84146		Phenytoin (DILANTIN)		80185
Direct LDL	83721		DHEA-S	82627		Protine	85610		Primidone/MS SOLINE (succ. phenobarb.)		80192
Acute Hepatitis Panel	80074		Eosinophil Count	85048		PTT	85730		Procinamide (NAPA)		80192
			Ferritin	82728		Protein Electrophoresis			Theophylline		80198
			Folic Acid	82746		PSA	GG103 84153		Valproic Acid (DEPAKOTE)		80194
Glucose	82347		Free T4 Equilibrium Dialysis	84439		PTH-Intact with Calcium	83970		Quinidine		80194
Bun	84520		FSH	83001		Reticulocyte Count	85044				
Creatinine	82565		Hemoglobin A1C	83036		Rheumatoid Factor	86430		URINE TESTS AND MICROBIOLOGY		
Sodium	84295		HCG Qualitative	84703		RPR	86502		Albumin Urine 24 Hour		82042
Potassium	84132		HCG Quantitative	84702		Rubella Screen	86762		Blood Culture		87040
Chloride	82435		HDL	83718		Rubeola Titer	86765		Catecholamines 24 HOURS		82382
Carbon Dioxide	82374		Helicobacter Pylori	86677		Sed Rate	85651		Chlamydia DNA Probe		87797
ALT / Sgot	84460		Hemoglobin Electrophoresis	83020		Sickle Cell Test	85660		Cortisol, Urine		82533
AST / Sgot	84450		Hepatitis A Antibody	86708		Sonotomedin	84305		Creatinine, Urine 24 HOURS		82570
SGT	82377		Hepatitis B Core Ab Total	86704		Streptozocin	86590		Creatinine Clearance		82575
LDH	83615		Hepatitis B Core Ab (IgM)	86705		Tenotasterone	84403		Drug Screen, Urine		80100
Cholesterol	82465		Hepatitis Delta Ab	87380		Varicella Titer	86787		Fecal Occult Blood	GG107	82270
Triglycerides	84478		Hepatitis Bs Antigen	87350		Vitamin B12	82607		GC DNA Probe		87797
Uric Acid	84550		Hepatitis B S Antibody	86706		Vitamin D, 25-Hydroxy	82306		Gram Stain		87205
Calcium	82310		Hepatitis B S Antigen	86287		Vitamin D, 1-25 Di Hydroxy	82652		Metanephines 24 HOURS		83835
Phosphorus	84100		Hepatitis C Antibody (EIA)	86302		THYROID TESTS			Microl / Creat Ratio	GG2043	82570
Albumin	82040		Hepatitis C RNA Quant.	87522		TSH	84443		O & P		87177
Total Protein	84155		Hepatitis C Genotype			Total T4	84436		Pap Smear		88142
Total Bill	82247		HLV-1 & 2 Screen	86703		Total T3	84475		Prophylaxis, Urine		81025
Direct Bill	82248		HLV-V			Total T3	84480		Protein, Urine 24 HOURS		84155
Alk Phos	84075		Human Growth Hormone	83003		Free T3	84481		Routine Culture		87070
Alpha Fetoprotein	82105		Hydroxyprogesterone (17)	83498		Free T4	84439		Strep A Screen, Rapid		87880
Amylase	82150		Immunoglobulin E	82785		Free T4 Equilibrium Dialysis	84439		Strep Culture, Throat		87081
Androstenedione	82157		Insulin	83525		Free T4 Equilibrium Dialysis	84439		Throat Culture, (All Pathogens)		87070
ANA	86038		Iron	83540		Thyroid Autoantibodies	86800		Urinalysis, Automated		81003
ANA (Includes CBC)			Iron/TIBC	83540		Thyroglobulin	84432		Urine Culture		87086
CD4 Count (Includes CBC)			Lead	83655		Thyroid Stimulating Immunoglobulin	84445		VMA, 24 Hours		84555
CD4 / CD8 (Includes CBC)			LH	83002					Venipuncture	GG001	85415
			Lipase	83690					Lab Processing Fee		90001

DIAGNOSIS

<input type="checkbox"/> Abnormal Pain	789.00	<input type="checkbox"/> Blurred Vision	568.8	<input type="checkbox"/> Diabetes Mellitus, Type 1 Comp.	250.90	<input type="checkbox"/> Hirsutism	704.1	<input type="checkbox"/> Medication, long term use	V58.60	<input type="checkbox"/> PVD	443.9
<input type="checkbox"/> Abnormal Glucose	790.2	<input type="checkbox"/> Bradycardia	427.80	<input type="checkbox"/> Diabetes Mellitus, Type 2, Uncomp.	250.00	<input type="checkbox"/> Hypernatremia	275.42	<input type="checkbox"/> Menopausal Syndrome	627.2	<input type="checkbox"/> Rash	792.1
<input type="checkbox"/> Abnormal Enzymes	790.5	<input type="checkbox"/> Bronchitis, Acute	466.0	<input type="checkbox"/> Diarrhea, NOS	787.91	<input type="checkbox"/> Hypercholesterolemia	272.0	<input type="checkbox"/> Menorrhagia	628.2	<input type="checkbox"/> Rectal Bleeding	599.3
<input type="checkbox"/> Abnormal Liver	794.8	<input type="checkbox"/> Cancer, Prostate	185.0	<input type="checkbox"/> Dizziness, Light Headed	780.4	<input type="checkbox"/> Hypertension	562.11	<input type="checkbox"/> Metrorrhagia	628.6	<input type="checkbox"/> Screening, Cancer	V78.9
<input type="checkbox"/> Abnormal PSA	790.83	<input type="checkbox"/> Cancer, Thyroid	193.0	<input type="checkbox"/> Edema	782.3	<input type="checkbox"/> Hypertension	277.2	<input type="checkbox"/> Menstrual Disorder	628.6	<input type="checkbox"/> Screening Cholesterol	V77.9
<input type="checkbox"/> Abnormal Renal	794.4	<input type="checkbox"/> Cervicitis	616.0	<input type="checkbox"/> Erythema	780.9	<input type="checkbox"/> Hypertension	491.11	<input type="checkbox"/> Mixed Obesity	278.0	<input type="checkbox"/> Seizure	790.20
<input type="checkbox"/> Abnormal Sed Rate	790.1	<input type="checkbox"/> Chest Pain	786.50	<input type="checkbox"/> Fatigue, Lethargy	780.70	<input type="checkbox"/> Hypertension	277.2	<input type="checkbox"/> Multiple Sclerosis	340.0	<input type="checkbox"/> Sinusitis, Acute	461.9
<input type="checkbox"/> Anemia	280.9	<input type="checkbox"/> Conjunctivitis	571.85	<input type="checkbox"/> Fever	780.6	<input type="checkbox"/> Hypertension	277.2	<input type="checkbox"/> Nausea	785.1	<input type="checkbox"/> Suspected Malignant Neoplasm	V71.1
<input type="checkbox"/> ADD	314.00	<input type="checkbox"/> Colds, Unspecified	558.9	<input type="checkbox"/> Fibromyalgia	729.1	<input type="checkbox"/> Hypocalcemia	275.41	<input type="checkbox"/> Normal State Exam	V65.5	<input type="checkbox"/> Thyroid Nodule	241.0
<input type="checkbox"/> ADHD	314.01	<input type="checkbox"/> Compulsive Hand Washing	558.9	<input type="checkbox"/> Gastritis, Acute	535.00	<input type="checkbox"/> Hypocalcemia	251.2	<input type="checkbox"/> Normal Physical Exam	V72.3	<input type="checkbox"/> Thyroiditis	245.8
<input type="checkbox"/> Allergic Rhinitis	474.00	<input type="checkbox"/> Constipation	564.00	<input type="checkbox"/> GER Reflux	530.81	<input type="checkbox"/> Hypogonadism, male	257.2	<input type="checkbox"/> Oxyhydrochrysis	110.1	<input type="checkbox"/> Weight Gain, Abnormal	086.1
<input type="checkbox"/> Amnesia	626.0	<input type="checkbox"/> Contact Dermatitis	662.9	<input type="checkbox"/> Gynecomastia	791.5	<input type="checkbox"/> Hypothyroidism	244.9	<input type="checkbox"/> Osteoporosis	733.00	<input type="checkbox"/> UTI	465.9
<input type="checkbox"/> Anxiety Disorder, Generalized	304.00	<input type="checkbox"/> COPD	496.0	<input type="checkbox"/> Hemiparesis	240.9	<input type="checkbox"/> Hypothyroidism	687.84	<input type="checkbox"/> Papillitis	785.1	<input type="checkbox"/> UTI	599.0
<input type="checkbox"/> Anxiety Disorder, Compulsor	304.00	<input type="checkbox"/> Coronary Artery Disease	414.9	<input type="checkbox"/> Headache	274.0	<input type="checkbox"/> Influenza	487.1	<input type="checkbox"/> Peripheral Artery Disease	747.50	<input type="checkbox"/> Vaginitis	616.10
<input type="checkbox"/> Arthritis, NOS	427.9	<input type="checkbox"/> Coudra's Disease	158.81	<input type="checkbox"/> HIV's Disease	242.00	<input type="checkbox"/> Irregular Menses	624.4	<input type="checkbox"/> Pharyngitis, Strep	634.0	<input type="checkbox"/> Viral Syndrome	979.00
<input type="checkbox"/> Arteriosclerosis/Cerebral/CI	437.0	<input type="checkbox"/> ICH/ATIA	435.9	<input type="checkbox"/> Incontinence, Bowel	784.9	<input type="checkbox"/> Intermittent Bowel	684.1	<input type="checkbox"/> Pharyngitis, Viral	462.0	<input type="checkbox"/> Weight Gain, Abnormal	783.1
<input type="checkbox"/> Arthritis, NOS	715.90	<input type="checkbox"/> Dehydration	276.5	<input type="checkbox"/> Hemochromatosis	275.0	<input type="checkbox"/> Joint Pain	714.00	<input type="checkbox"/> Pulmonary Hypertension	251.1	<input type="checkbox"/> Weight Loss	783.2
<input type="checkbox"/> Arthritis, Osteo	715.90	<input type="checkbox"/> Depression	311.0	<input type="checkbox"/> Hematuria	599.7	<input type="checkbox"/> Kidney Stone	615.00	<input type="checkbox"/> Renal Disease	486.00		
<input type="checkbox"/> Arthritis, Rheumatoid	714.0	<input type="checkbox"/> Depression, Manic	296.80	<input type="checkbox"/> Hemorrhoids	455.6	<input type="checkbox"/> Labryntitis	386.30	<input type="checkbox"/> Respiratory Exam	V72.80		
<input type="checkbox"/> ASHD	414.00	<input type="checkbox"/> Diabetes, C/P, Uncontrolled	250.42	<input type="checkbox"/> Hepatitis B	648.80	<input type="checkbox"/> Loss Of Appetite	783.0	<input type="checkbox"/> Prostate Hypertrophy	670.00		
<input type="checkbox"/> Asthma	403.00	<input type="checkbox"/> Diabetes, Gestational	648.80	<input type="checkbox"/> Hepatitis C	670.51	<input type="checkbox"/> Low Back Syndrome	724.2	<input type="checkbox"/> Prostatitis, Acute	442.00		
<input type="checkbox"/> Atrial Fibrillation	427.31	<input type="checkbox"/> Diabetes Mellitus, Juvenile	250.01	<input type="checkbox"/> Herpes Zoster	053.9	<input type="checkbox"/> Lymphadenopathy	785.6	<input type="checkbox"/> Proteinuria	791.0		

FAX / MAIL RESULTS TO:

TOTAL FOR SERVICE \$
AMOUNT PAID \$

PAID BY * CHECK * CREDIT CARD * CASH

PHYSICIANS
SIGNATURE