

RETURN BOTH COPIES
TO THE LABORATORY

KIRBY MEMORIAL HEALTH CENTER

71 North Franklin Street, Wilkes-Barre, PA 18701

(570) 823-5450

CLIA ID# 39D0657582

NPI# 1891787800

LEAD ANALYSIS ID FORM

CIRCLE ONE:

PA Medicaid	Blue Cross CHIP	UnitedHealthcare Community Plan
Aetna Better Health	Coventry Cares	UPMC For You
AmeriHealth Mercy / Caritas	Gateway	Private (choose one):
AmeriHealth Northeast	Geisinger Family	Payment Enclosed
		Provider Billed

PROVIDER INFORMATION

(Please Print)

Name of Office: _____ Area Code & Telephone No.: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Referring Physician Signature: _____

NPI #: _____ License #: _____

PATIENT INFORMATION

(Please Print)

Patient's Name: _____ Male Female Date of Birth _____

(Last) (First)

Address: _____ Apt. _____ Race: _____

City: _____ County: _____ State: _____

Zip Code: _____ Area Code & Telephone No.: _____

Health Plan ID# : _____

Screen Date: / / Finger stick Venous

I authorize the release of any medical information to process the claim and request payment benefits to the party who accepts assignment.

Parent / Guardian Name: _____

Signature: _____

Date: _____

FOR LABORATORY USE ONLY

Procedure: 83655

Reference Range
Birth to 6 Years <5 ug/dl
6 Years thru Adult < 10 ug/dl

DATE RECEIVED			ICD-9 DIAGNOSIS CODE	LEAD Result ug Pb/dl	DATE ANALYZED				
M	D	Y			M	D	Y		
			V82.5						