



SEE REVERSE SIDE FOR THE SERVICE CENTER NEAREST YOU
 TEL (808) 589-5100 FAX (808) 593-8357
 TOLL FREE (1-800) 655-4176
 99-859 IWAIWA STREET, AIEA, HAWAII 96701

(PCINS-081821)

CLIENT ACCOUNT NO.

16523

ST. ANDREW'S SCHOOLS
 ATTN: COLLEEN TREACY, RN
 224 QUEEN EMMA SQ.
 HONOLULU, HI 96813

808-532-2403

BILL TO INSURANCE / PATIENT PHYSICIAN / INSTITUTION

PATIENT ID ▶

PATIENT NAME (LAST) FIRST M.I. SEX M F DOB (MM/DD/YY)

ADDRESS CITY STATE ZIPCODE PRIMARY TELEPHONE SECONDARY

ORDERING PROVIDER
 AKAKA, GERARD M.D.

SEND DUPL. REPORT TO

PRIMARY INS. INSURER MEMBERSHIP NO. / COV. / GPP SUBSCRIBER NAME
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 SECONDARY INS. INSURER MEMBERSHIP NO. / COV. / GPP SUBSCRIBER NAME
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

STAT

DATE OF INJURY / PREGNANCY (LMP) ACCIDENT WORK AUTO OTHER DESCRIPTION OF ACCIDENT / COMPLAINT
CLIENT BILL ONLY

FAST NON FAST COLLECTION DATE COLLECTION TIME INITIALS
 AM PM

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient.

SPECIMEN LOC. NO. TIMED URINE
 SST # BLUE #
 LAV # URINE #
 GRN # SWAB #
 ACD # VOLUME / HOURS

DIAGNOSES (ICD-10 CODES)
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

7223: X SARS-CoV-2 (COVID-19) RT-PCR Non Medical Source: Nasal

- Race (Check all that apply)
- Asian
 - Am Indian/Alaska Native
 - Black
 - Hawaiian

- Other Pacific Islander
- White
- Unknown
- Other: _____

- Ethnicity
- Hispanic/Latino
 - Non-Hispanic/Latino
 - Not Specified
 - Other: _____

Resident Zip Code: _____