



# LABCORP VOUCHER PROGRAM

## Sign up for an Appointment

Visit a local LabCorp facility to complete your screening with lab work. It is highly recommended that you schedule an appointment before you go. Please follow the instructions below to schedule your appointment at a local LabCorp facility.

### Make an appointment via phone:

- Call **1-888-522-2677** to schedule an appointment via phone

### Make an appointment online:

1. Visit LabCorp online at [www.labcorp.com](http://www.labcorp.com)
2. Click on **Find a Lab**
3. Enter your **Zip Code** to access a list of local labs
4. Select **Schedule an Appointment** under the lab of your choice
  - Reason for Testing – **Employee Wellness with Body Measurement**
  - Will you be fasting – **Yes**
  - Select a date and time
  - Click **Continue** and finalize your appointment

## What to Bring to Your Appointment

1. Please bring the **Lab Voucher** which is attached on page 2 of this document. You do not need to complete any fields on the voucher as these will be completed by LabCorp at your scheduled appointment.
2. Valid government Photo ID\*

\*It is very important that you bring these two items with you when you arrive at LabCorp. Please **fast** (do not eat) for nine (9) hours prior to your appointment. Please drink **PLENTY OF WATER** and continue to take any prescription medications. *If you are diabetic, please consult your physician before fasting.*

**Please Note:** LabCorp will send Wellworks For You the results of your screening directly. Please allow two (2) weeks for your results to be uploaded into the Wellworks Wellness Portal. You can view your progress towards participating in the Wellness Program in the Wellness Portal under **MENU>ResultsNow**.

### Patient Service Center Initiatives Launched to Protect Communities

To ensure the health of their patients, employees and the broader community, LabCorp has taken a number of steps in response to the Coronavirus (COVID-19) outbreak to follow CDC Guidelines, including social distancing and increased sanitation at nearly 2,000 patient service centers across the United States. To view additional information on what LabCorp is doing to ensure the health and safety of their patients please visit their website at [www.labcorp.com](http://www.labcorp.com).



To find the nearest patient service center, visit [www.labcorp.com](http://www.labcorp.com) or call 888-LABCORP (888-522-2677).

Community Media Group c/o Wellworks For You  
**LABCORP WELLNESS VERIFIED**  
70 E. Lancaster Ave.  
Frazer PA 19355  
610-249-0038

☐ Fax  
☐ Call  
☐ Mail

Send additional copy of report to:  
Client Number/Physician's Name \_\_\_\_\_ Phone/Fax Number \_\_\_\_\_  
Physician's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

0703.21

**\*\*\*ENTER ONLY THE ACCOUNT NUMBER CIRCLED\*\*\***

**LABCORP ACCOUNT NUMBER: 37251835**

**CIRCLE ONE:**  
1174675565-Kropp,  
Dennis W

**CHECK ONE:**  
03[✓] ACCOUNT BILL

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth			Collection Time	Fasting	Collection Date			Urine hrs/vol
			MO	DAY	YR	AM PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	MO	DAY	YR	hrs ____ vol ____
NPI	Physician's ID #	Patient's ID #		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient							
Physician's Name (Last, First)		Physician/Authorized Signature									
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service		Patient's Address									
Highest Specificity REQUIRED		City State ZIP									
		Name of Policy Holder (if different from patient)									
		Address of Policy Holder APT #									
		City State ZIP									
		I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.									
		Patient's Signature _____ Date _____									
		<b>MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)</b>									
		Refer to Determining Necessity of ABN Completion on reverse.									

PRIMARY BILLING PARTY		SECONDARY BILLING PARTY	
Insurance Carrier *		Insurance Carrier *	
ID #		ID #	
Group #		Group #	
Insurance Address		Insurance Address	
Name of Insured Person		Name of Insured Person	
Relationship to Patient		Relationship to Patient	
Employer Name		Employer Name	
*If Medicaid State		Physician's Provider #	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	998074	998085	998239	998250	998261	998272	998283	

[✓] 262204- LP+Glu

[✓] 101300 - Biometrics

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.