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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:

ACCESS Plus	Coventry Cares	Blue Cross CHIP
Aetna Better Health	Gateway	Private (Self Pay)
AmeriHealth Mercy	UPMC For You	
AmeriHealth Northeast	UnitedHealthcare Community Plan	

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: _____ (Last) _____ (First) Male Female _____ Date of Birth _____

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

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

Normal Blood Lead: <10 ug/dl

Note: If ≥ 10 ug/dl, confirm with a venous sample (per 1997 CDC lead screening guidelines)

Procedure: 83655