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## **Laboratory Outreach Department**

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## CMDL Institutional and Out of pocket billing TRF

<b>Patient Inform</b>	nation								
Last Name	First name			Middle Initial	Female	Male	Date of	of Birth	
Street Address, State, ZIP					Phone Number		Client	MRN	
Specimen Type Specimen Number			DNA source/concentration CLIA-certified or equival				Collected		
Marital Status: Single Married Divorced Separated Widowed				Ethnicity/Country or region of origin					
ICD10 Codes (	required for ins	urance):		I.					
	Findings / Family H	listory ( please atta	ach the pedig	ree if available, completed	Patient Informati	ion Form and/	or clinic	notes)	
Patient history				Family history					
	ation (instituti		pocket)						
Bill to Referring Institution				Out of Pocket Payment					
Institution Name and billing address				Check Enclosed (please make check to "City of Hope CMDL" & write SSN on check)					
			Charge to Credit card						
			MasterCard VISA Discover American Express						
Contact Name Contact Phone		Contact Phone		Card Holder Full Name	Account Number	er Expiration	on Date	US Dollar Amount	
Contact Email for alerts and notifications only  Contact Fax Num			ıber	Card Holder Signature					
Billing Notes				•					
Referring Phy	sician and Gen	etic Counselo	or (or othe	er contact) Informa	tion				
Referring Physician Name				Referring Physician UPIN	Genetic Counse	Genetic Counselor (or other contact) Name and Title			
		Physician Institution and Address		Counselor/Contact Phone		Contact Ir	Contact Institution and Address		
Referring Physician Fax*				Counselor/Contact Fax*					
Referring Physician Email*				Counselor/Contact Email*					
Tests Ordered	(multiple tests	s are done sin	nultaneous	sly unless the order	of reflexive	testing is n	oted h	ere)	
				<b>.</b>		9		,	
Comments:									
limitations of the la		iested, has had the	opportunity	e specimen is being submi to have all questions answ my institution.					
Referring Physician Signature (required):					Date:				
For laboratory	Kindred #: Accession #			:	Specimen Type and Amount:				
use only	Comments:								