For payment, results must be copied to:

Redirect Health
13430 N. Scottsdale Rd. #200
Scottsdale, AZ 85254
888-407-7928 AZP
02012650-6

Billing: 1144271561 – Johnston MD, Janice (Medical Director) - 03 [x] Account Bill

Patient Legal Name (Last, First, MI)	Sex	DOB MO/DAY/YR	Collection Time : AM/PM	Fasting [ ] Yes [ ] No	Collection Date MO/DAY/YR	Urine hrs/vol Hrs_____vol_____

Physician's Name (Last. First): _____Physician/Authorized Signature:_____

Patient's Address:_____ City:_____ State:_____ ZIP:_____ Phone:_____

There is no Member charge for lab services ordered from the list below using Billing#: 1144271561

Test Number	Check	Name	Test Number	Check	Name	Test Number	Check	Name
788095	[ ]	9 Drug - Bundle	188139	[ ]	Grp B Strep Detect	001024	[ ]	Phosphorus, Serum
006056	[ ]	ABO Grouping	998167	[ ]	H. pylori Breath Collection	115345	[ ]	Platlet Count on Citrated Bld
006049	[ ]	ABO Grouping and Rho(D) Typing	006510	[ ]	HBsAg Screen	202945	[ ]	Prenantal Profile I
182261	[ ]	Aerobe ID + Suscept	004416	[ ]	hCG,Beta Subunit, Qnt, Serum	010322	[ ]	Prostate-Specific Ag, Serum
008649	[ ]	Aerobic Bacterial	004556	[ ]	hCG,Beta Subunit,Qual,Serum	005199	[ ]	Prothrombin Time (PT)
017319	[ ]	AFP Tetra	144065	[ ]	HCV Ab w/Rflx to Verification	020321	[ ]	PT and PTT
010801	[ ]	AFP, Serum, Open Spina Bifida	140659	[ ]	HCV Antibody	015610	[ ]	PTH, Intact
001396	[ ]	Amylase, Serum	001453	[ ]	Hemoglobin A1c	005207	[ ]	PTT, Activated
164962	[ ]	ANA w/Reflex	006734	[ ]	Hep A Ab, IgM	006502	[ ]	Rheumatoid Arthritis Factor
322758	[ ]	Basic Metabolic Panel (8)	006726	[ ]	Hep A Ab, Total	006072	[ ]	RPR
008169	[ ]	Beta Strep Gp A Culture	016881	[ ]	Hep B Core Ab, IgM	012005	[ ]	RPR, Rfx Qn RPR/Confirm TP
001222	[ ]	Bilirubin, Direct	006718	[ ]	Hep B Core Ab, Tot	006197	[ ]	Rubella Antibodies, IgG
086207	[ ]	C difficile Toxins A+B, EIA	006395	[ ]	Hep B Surface Ab	005215	[ ]	Sedimentation Rate-Westergren
005009	[ ]	CBC With Differential/Platelet	322755	[ ]	Hepatic Function Panel (7)	S00001	[ ]	Sensitivity Organism #1
183194	[ ]	Chlamydia/GC Amplification	083935	[ ]	HIV Panel 083935	001156	[ ]	T3 Uptake
322000	[ ]	Comp. Metabolic Panel (14)	507405	[ ]	HPV, low volume rfx	019745	[ ]	T4,Free(Direct)
006627	[ ]	C-Reactive Protein, Quant	001339	[ ]	Iron, Serum	006676	[ ]	Thyroid Peroxidase (TPO) Ab
001370	[ ]	Creatine, Serum	001115	[ ]	LDH	001974	[ ]	Thyroxine (T4) Free, Direct, S
303754	[ ]	Electrolyte Panel	120295	[ ]	LDL Cholesterol (Direct)	010389	[ ]	Triiodothyronine,Free,Serum
004598	[ ]	Ferritin, Serum	717009	[ ]	Lead, Blood (Pediatric)	004259	[ ]	TSH
017500	[ ]	First Trimester Screen w/NT	717016	[ ]	Lead, Blood (Peds) Capillary	377069	[ ]	UA with Culture Reflex
002014	[ ]	Folate (Folic Acid), Serum	001404	[ ]	Lipase, Serum	008342	[ ]	Upper Respiratory Culture
008334	[ ]	Genital Culture	303756	[ ]	Lipid Panel	001057	[ ]	Uric Acid, Serum
102277	[ ]	Gest. Diabetes 1-Hr Screen	221010	[ ]	Lipid Panel w/ Chol/HDL Ratio	003038	[ ]	Urinalysis, Routine
102004	[ ]	Gestational Glucose Tolerance	235010	[ ]	Lipid Panel With LDL/HDL Ratio	008847	[ ]	Urine Culture, Routine
001958	[ ]	GGT	001537	[ ]	Magnesium, Serum	180026	[ ]	Vaginitis/Vaginosis, DNA Probe
090365	[ ]	Glucose Tolerance (4 Sp Blood)	058495	[ ]	Measles/Mumps/Rubella Immunity	235945	[ ]	Varicella Zoster Abs, IgG/IgM
101303	[ ]	Glucose, 1Hr PP	140285	[ ]	Microalb/Creat Ratio, Randm Ur	001503	[ ]	Vitamin B12
001032	[ ]	Glucose, Serum	182949	[ ]	Occult Blood, Fecal, IA	000810	[ ]	Vitamin B12 and Folate
008540	[ ]	Gram Stain	008623	[ ]	Ova + Parasite Exam	081950	[ ]	Vitamin D, 25-Hydroxy
188132	[ ]	Grp B Strep	199123	[ ]	Pap IG, HPV-hr	180901	[ ]	Wet Prep
	[ ]			[ ]		180919	[ ]	Wet Prep w/Trich Cult Reflex
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ADDITIONAL NON-COVERED LAB SERVICES: Member is responsible for additional lab services ordered by a licensed provider from the list below. Advance Beneficiary Notice (ABN) required. Bill member directly.