Lab Director: Najmuddin Khaja, Ph D

CLIA #: 45 D 2111111
COLA #: 27070

11827 Starcrest Drive
San Antonio, TX 78247
(P) 210.236.5377 (F) 210.236.5689
www.mdtoxi.com

PROVIDER INFORMATION

NPI #

PATIENT INFORMATION

Last Name: ______________________ First Name: _____________________ M.I.: _______ ○ Male ○ Female

D.O.B.: _____/_____/______ S.S.N.: _____ - _____ - _____ Height: _____ Weight: _____ Phone #: ____ - _____ - ______

Street Address _______________________________________ City _________________ State _________ Zip _________

Insurance Type: (Circle One) Self Pay Commercial Medicare Medicaid ICD-10 Codes: **B34.2, Z20.828,** _______ ________
Circle all that apply

COVID-19 TESTING

____COVID-19 PCR

AUTHORIZED HEALTHCARE PROVIDER

I acknowledge to support medical necessity for all tests in the patient's chart.

If not signed, Authorized Health Care Provider affirms that test orders are placed in the patient file with provider signature and will be available upon request. *MD Toxicology Group requires documentation in patient medical chart including date of service, tests ordered and documentation to support necessity.

Authorized Provider Signature:_______________________________

Date:_______________________________

PATIENT AUTHORIZATION

I hereby acknowledge that the specimen that I provided is my own and has not been adulterated. I authorize MD Toxicology Group to analyze the specimen and release the test results to the ordering practitioner. By signing this authorization, I acknowledge that I am financially responsible for all co-pays, deductibles, and any amounts not covered by insurance and I authorize my physician and/or staff to release any information necessary to MD Toxicology Group to determine benefits for laboratory services. If the self-pay box is selected, I accept full financial responsibility for all payments associated with laboratory services.

Patient Signature: ____

Date: ____

SPECIMEN COLLECTION

Date: ____/____/____ Time: _______ AM/PM

Collected by: ________________________________

Lab Use Only:

Name: ____

Date: _____/_____/_____ Initials: