



Labcorp Voucher and Scheduling Instructions

Important – Bring the **PRINTED** and completed Labcorp screening voucher (page 2) with you to your appointment with your Confirmation Number and a Photo ID. The voucher on page 2 is valid through **9/19/2025**.

Online appointment scheduling is available for all Labcorp locations. It is recommended to schedule an appointment to visit a Labcorp facility to avoid spending extra time at the lab.

To schedule an appointment, visit <https://www.labcorp.com>.

- Select Individuals & Patients tab at the top of the page.
- Select **Labs & Appointments**.
- Enter your ZIP code to search for the closest lab.
- Select **Employment Wellness with Body Measurement** under the service tab. This will bring you to a list of the nearest Labcorp locations. *(Lab availability will vary by region)
- Choose your preferred location and click **Make Appointment**.
- Appointments require individuals to fast.. **Select Yes** when asked if you will be fasting. Fasting means no food or drink other than water. Please continue to take all medication, follow other guidance as provided by your physician, and drink plenty of water.
- Choose date and time and enter required information.
- Enter required patient information.
- Financial Details: Select **I have already paid or someone else is responsible**.
- Provide email address and phone number.
- Review your appointment information and click **Create Appointment**. A confirmation email will be sent to the email address provided.

If you would like your results to be mailed to you, you must request a mailed copy at the time of your appointment. Labcorp will submit your results on your behalf. Results will be available in your BWell account within 10 business days. Then, connect with your Primary Care Provider to understand your results.

If you need to cancel or reschedule your appointment, please click 'view your confirmation' in the confirmation email received by Labcorp to modify or cancel your appointment.

For information on how Labcorp handles screening information collected from you, click on the Privacy Statement in the confirmation email from Labcorp.



To find the nearest patient service center, visit www.Labcorp.com or call 888-Labcorp (888-522-2677).

BAIRD C/O TOTAL WELLNESS
LABCORP WELLNESS VERIFIED
9320 H Court
Omaha, NE 68127
866-827-8046

ENTER ONLY THE ACCOUNT NUMBER CIRCLED
LABCORP ACCOUNT NUMBER: 26004805

Send additional copy of report to:
 Fax
 Call
 Client Number/Physician's Name _____ Phone/Fax Number _____ 0703.33

1A
1B
1C

1A
1B
1C

CIRCLE ONE:

1760433098 - Hayes,
William B.
(All States)

| | | | | | | | | | | | | | |
|--|--|-------------------------|--|----------------|----------------------------|-------|--|--------------------------|--|------------------------------|--|--|------------------------------------|
| Patient's Legal Name (Last, First, MI) | | | | Sex | Date of Birth MO DAY YR | | | Collection Time AM PM | Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No | Collection Date MO DAY YR | | | Urine hrs/vol hrs ____ vol ____ |
| NPI 1760433098 | | Physician's ID # N/A | | Patient's ID # | | | Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input checked="" type="checkbox"/> Non-Patient | | | | | | |
| Patient's Address | | | | | | Phone | | | | | | | |
| City | | | | | | State | | ZIP | | | | | |
| I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. | | | | | | | | | | | | | |
| X _____ Signature | | | | | | | | _____ Date | | | | | |

PLEASE PRINT

CHECK ONE:

03 ACCOUNT BILL

| | | | | | | | | |
|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------|
| LABCORP USE ONLY | STAT | VENIPUNCTURE | NON LABCORP | VERBAL ORDER | CHART ORDER | HANDWRITTEN | 24 HR TUV | PST/PSC # |
| | <input type="checkbox"/> 998074 | <input type="checkbox"/> 998085 | <input type="checkbox"/> 998239 | <input type="checkbox"/> 998250 | <input type="checkbox"/> 998261 | <input type="checkbox"/> 998272 | <input type="checkbox"/> 998283 | |

204214 LP+1AC
 101300 Biometrics

Valid Dates: 1/1/2025 – 9/19/2025

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

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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.