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## Employee Information

Employee name:	DOB:	Last 4 SSN#:
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## Employer Information

Athena account #:

Company name:

Company address:	City:	State:	Zip:
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Testing scheduled date/time (if applicable):

**Testing must be paid for at the time of service unless employer is set up for direct billing**

Employee sent with payment:  Yes  No  Direct Billing Who to contact for payment:

Form of payment (check, cash or credit):	Phone:	EXT:
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Testing authorized by:

Name and title (please print):

Signature:	Phone:
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**Results will be provided to the employee, who may also sign up and receive results from [patient.labcorp.com](http://patient.labcorp.com), then share them with their employer.**

FOA Initials