

# Labs Certification

Complete Section 1 of this form, then ask either your medical provider (e.g., your physician) or labs provider (e.g., the lab manager, lab technician, phlebotomist, etc.) to complete and sign Section 2. Please return your completed form, along with your completed labs reward request form, in one of the provided envelopes.

**IMPORTANT:** Please print clearly in ink.

## Section 1: To be completed by you ...

Member/Patient Name \_\_\_\_\_

Member ID # \_\_\_\_\_

Name of Provider \_\_\_\_\_

## Section 2: To be completed by your Provider ...

The purpose of the patient presenting this form to you is to help them follow the USPSTF preventive care guidelines and to qualify them for a member health incentive from Lasso Healthcare.

Date of Service      /      / \_\_\_\_\_

Were the prescribed labs completed per provider's orders?       Yes       No

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Credentials \_\_\_\_\_

NPI \_\_\_\_\_