



Affordable Lab

OKLAHOMA



580-402-5267



405-977-1223



www.okaffordablelab.com



support@okaffordablelab.com



Benefits of Our Service

- LabExpress guarantees hassle-free and stress-free experience, delivering your lab tests results to your doctor and health provider promptly and confidentially.
- We eliminate waiting time typically associated with appointments at traditional laboratories or clinics, leading to quicker results and less time spent away from home.
- In addition to providing outstanding laboratory services, safety and convenience of our patients is our top priority.
- We provide full clinical laboratory tests at more affordable rates compared to other laboratories and accepts certain HMO.
- Scheduled lab draws and Standing orders are organized and monitored by highly trained, friendly and courteous staff.
- We only employ skilled and certified phlebotomists for blood draws, to prevent multiple sticks by inexperienced healthcare providers.
- 24 hours or less turn around time for lab results.

Our Process

Our specialize in offering detailed step-by-step instructions to ensure your patient referrals remain organized and meticulously addressed. From submitting a requisition form to receiving results. Rest assured we have you covered every step of the way.

- **Requisition Confirmation** - We make sure to give you a verbal confirmation as soon as we receive your order. We also fax over an acknowledgement receipt to your facility. Or you may use our online portal to directly submit your patient's lab order ;upon request.
- **Patient Scheduling** - Our phlebotomist will reach out to the patient the night before to set a two-hour window and confirm again arrival time in the morning.
- **Facility/Office Notification** - If the patient refuses or are not answering the phone /door or simply unavailable, we immediately call you, fax over a patient report and reschedule them if necessary.
- **Results** - Facilities, clinics and home health agencies can have access online to view results. All critical values are called in immediately for appropriate action.



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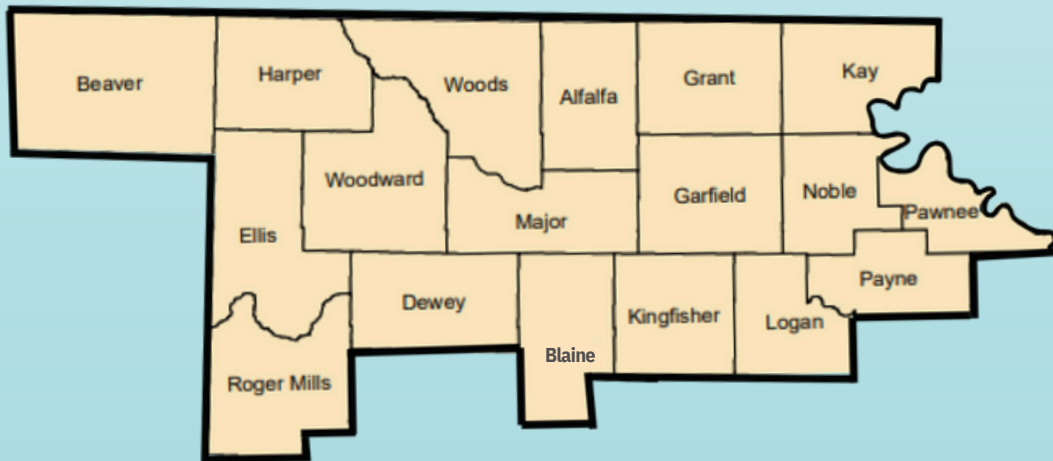
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Coverage Area



Enid



Medford



Kingfisher



Buffalo



Guthrie



Woodward



Alva



Stillwater



Cherokee



Perry



Beaver



Watonga

Our Location



Lab Express, Inc.

3201 N Van Buren suite 100

Enid, OK 73703

We have a wide range of coverage areas that we provide service. Give us a call for your convenience

Accepted Insurances



Medicare Part B - Medicare advantage plans are accepted



Private PPO insurance



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LAB USE ONLY

BILLING INFORMATION:

PATIENT NAME -LAST		FIRST	MIDDLE INITIAL	CLINIC / FACILITY NAME	
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE	
PATIENT / INSURED ADDRESS			PHONE NUMBER	FAX	
CITY		STATE	ZIP CODE	PRIMARY INS. NAME	
NAME OF INSURED		SS # OF INSURED	RELATIONSHIP TO PATIENT	MEMBER ID	
BILL TO <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE			(ATTACH COPY OF BOTH SIDES OF CARD)	SECONDARY INS. NAME	
MD SIGNATURE		DATE		MEMBER ID	
PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS		MD NAME	MD NPI	AM PM	DATE COLLECTED
					COLLECTED BY

INDIVIDUAL TESTS (✓)

TUBE KEY: B-BLUE G-GREY K-KIT L-LAVENDER R-RED Y-YELLOW P-PINK U-URINE S/C -Sterile Cup SW-Culture Swab SST-Gold/Tiger Top

80074	ACUTE HEPATITIS PANEL	SST	82746	FOLIC ACID (FOLATE)	SST	85730	PTT	B
80075	ALKPHOSPHATASE	SST	84481	FREE T3	SST	86592	R.P.R.	SST
82150	AMYLASE	SST	84439	FREE T4	SST	80069	RENAL FUNCTION PANEL	SST
86038	ANA	SST	83001	FSH	SST	80197	TACROLIMUS	L
80048	BMP	SST	83036	HBAIC	L	86480	TB QUANTIFERON	K
83880	BNP	L	84702	HCG-QUANTITATIVE	SST	80156	TEGRETOL(CARBAMAZEPINE)	R
84520	BUN	SST	80076	HEPATIC FUNCTION PANEL	SST	84403	TESTOSTERONE (MALE)	SST
86301	CA 19.9	SST	87389	HIV AG/AB	SST	84479	T3 UPTAKE	SST
86300	CA 27.29	SST	83090	HOMOCYSTINE	L	84480	TOTAL T3	SST
86304	CA 125	SST	86677	H.PYLORI ANTIBODY	SST	84436	TOTAL T4 (THYROXINE)	SST
82310	CALCIUM	SST	83090	HOMOCYSTINE	L	80201	TOPAMAX (TOPIRAMATE)	R
85025	CBC W/DIFF	L	80175	LAMICTAL	SST	84478	TRIGLYCERIDES	SST
87075	C.DIFF (STOOL)	S/C	83655	LEAD	L	84443	TSH	SST
82378	CEA	SST	83002	LH	SST	84550	URIC ACID	SST
80150	CLOZAPINE	R	83690	LIPASE	SST	81001	URINALYSIS W/REFLEX	U
80053	CMP	SST	80061	LIPID PANEL	SST	87086	URINE CULTURE USING PCR	U
82533	CORTISOL	SST	80178	LITHIUM	SST	80164	VALPROIC ACID (DEPAKOTE)	SST
82565	CREATININE	SST	83735	MAGNESIUM	SST	80202	VANCOMYCIN TROUGH	SST
86140	CRP (NON-CARDIAC)	SST	82043	MICROALBUMIN	U	82607	VITAMIN B12	SST
86141	CRP (HIGH SENSITIVITY)	SST	80184	PHENOBARBITAL	SST	82306	VITAMIN D 25 HYDROXY	SST
80162	DIGOXIN	SST	84100	PHOSPHORUS	SST	87070, 87075, 87205	WOUND CLUTURE	SW
80185	DILANTIN	R	84132	POTASSIUM	SST	<input type="checkbox"/> OTHER _____ _____ _____		
80051	ELECTROLYTES	SST	84153	PSA	SST			
85652	ESR (SED RATE)	L	85610	P1/INR	B			
82728	FERRITIN	SST	82570, 84156	PROTEIN/CREAT RATIO	U			

MOLECULAR TESTING

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Covid-19 RT PCR test | <input type="checkbox"/> UTI PANEL PCR | <input type="checkbox"/> C. DIFFICILE, PCR | <input type="checkbox"/> WOUND PCR |
| <input type="checkbox"/> Covid-19 Antigen test | <input type="checkbox"/> UA w/reflex to UTI PANEL, PCR | <input type="checkbox"/> RESPIRATORY PANEL, PCR | |

DIAGNOSIS CODES (ICD 10)

<input type="checkbox"/> Abdominal Pain R10.9	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease, Unspecified J44.9	<input type="checkbox"/> Encounter for Other Preprocedural Examination Z01.818	<input type="checkbox"/> Hypothyroidism E03.9
<input type="checkbox"/> Abdominal Weight Gain R63.5	<input type="checkbox"/> Congestive Heart Failure I50.40	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Colon Z12.12	<input type="checkbox"/> Hypokalemia E87.6
<input type="checkbox"/> Abdominal Weight Loss R63.4	<input type="checkbox"/> Constipation, Unspecified K59.00	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Prostate Z12.5	<input type="checkbox"/> Kidney Transplant Status Z94.0
<input type="checkbox"/> Acute Embolism and Thrombosis of Unspecified Vein I82.90	<input type="checkbox"/> Convulsions, Unspecified R56.9	<input type="checkbox"/> Fatigue (Chronic) R53.82	<input type="checkbox"/> Liver Transplant, Status Z94.4
<input type="checkbox"/> Acute Pancreatitis, Unspecified K85.9	<input type="checkbox"/> Crohn's Disease, Unspecified K50.90 Without Complications	<input type="checkbox"/> Fever R50.9	<input type="checkbox"/> Liver Disease, Unspecified K76.9
<input type="checkbox"/> Allergy, Unspecified T78.4CxA	<input type="checkbox"/> Diabetes E11.9	<input type="checkbox"/> Gastritis, Unspecified K29.7	<input type="checkbox"/> Long term use of Anticoagulants Z79.01
<input type="checkbox"/> Initial Encounter	<input type="checkbox"/> Diarrhea, Unspecified R19.7	<input type="checkbox"/> General Examination Z00.00	<input type="checkbox"/> Long term use of other medications Z79.01
<input type="checkbox"/> Anemia D64.9	<input type="checkbox"/> Decreased Libido R68.82	<input type="checkbox"/> Gout, Unspecified M10.9	<input type="checkbox"/> Malaise R53.81
<input type="checkbox"/> Arthritis Unspecified M13.89	<input type="checkbox"/> Dehydration R30.0	<input type="checkbox"/> Headache R51	<input type="checkbox"/> Melena (blood in stool) K92.1
<input type="checkbox"/> Asthma Atrial Fibrillation, J45.909	<input type="checkbox"/> Dysuria R60.9	<input type="checkbox"/> Hematuria, Unspecified R31.9	<input type="checkbox"/> Muscle Weakness (Generalized) M62.81
<input type="checkbox"/> Unspecified Cardiomyopathy I48.91	<input type="checkbox"/> Edema, Unspecified R97.2	<input type="checkbox"/> Hepatitis Exposure Z20.5	<input type="checkbox"/> Nausea R11.0
<input type="checkbox"/> Chest Pain, Unspecified Cirrhosis of Liver Chronic Atrial Fibrillation K74.80	<input type="checkbox"/> Elevated Prostate Specific Antigen (PSA) Z00.129	<input type="checkbox"/> Hypercholesterolemia E78.0	<input type="checkbox"/> Obesity, Unspecified E66.9
<input type="checkbox"/> Chronic Embolism and I48.2	<input type="checkbox"/> Encounter for Routine Child Health Examination (Non -Abnormal Findings) Z32.00	<input type="checkbox"/> Hyperglycemia, Unspecified R73.9	<input type="checkbox"/> Osteoarthritis, Unspecified Site M19.90
<input type="checkbox"/> Thrombosis of Unspecified Vein I82.91	<input type="checkbox"/> Encounter for Pregnancy Test, Result Unknown	<input type="checkbox"/> Hyperkalemia E87.5	<input type="checkbox"/> Urinary Tract Infection, Site Not Specified N39.0
<input type="checkbox"/> Chronic Kidney Disease N18.4		<input type="checkbox"/> Hyperlipidemia E78.4	<input type="checkbox"/> Vomiting, Unspecified R11.10
		<input type="checkbox"/> Hypertension, Unspecified I10	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Hyperthyroidism E05.9	

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