



Laboratory Selection Form - DRAFT

(For Primary Care Physician use only)

(DISTRICT OF COLUMBIA, GEORGIA, MARYLAND, NEW JERSEY, NEW YORK,
PENNSYLVANIA, TEXAS AND VIRGINIA)

Select the laboratory you will direct your Aetna patients to by completing and submitting this form.

Complete, sign and fax this form to the number listed below.

Changes must be received by Nov 28, 2018 in order to be effective January 1, 2019

Physician Information (Please Print)

Name or Group Name	
Telephone Number	Tax ID Number and NPI (National Provider Identifier)
Address	
E-Mail Address	Fax Number

Choose one laboratory from the choices below

☐ Quest Diagnostics (including Solstas Lab Partners):

Nationally preferred laboratory

☐ Labcorp:

Nationally preferred laboratory

Additional regional/local lab providers:

Georgia

☐ Northeast Georgia Medical Center - Healthlink Lab

Maryland, District of Columbia, Virginia

☐ Fairfax Medical Laboratories, Inc.
(Sonic Healthcare USA Inc.)

New Jersey

☐ Bio Reference

☐ Cooper Hospital-University Medical Center

☐ Enzo Clinical Laboratory

☐ Manhattan Physicians Laboratories

☐ Sunrise Medical Laboratories
(Sonic Healthcare USA Inc.)

New York

☐ Enzo Clinical Laboratory

☐ Manhattan Physicians Laboratories

☐ Northwell Health Laboratories

☐ Staten Island University Hospital

☐ Sunrise Medical Laboratories
(Sonic Healthcare USA Inc.)

☐ Bio Reference

Pennsylvania

☐ Abington Memorial Hospital

☐ Health Network Laboratories

☐ Hospital of the University of Pennsylvania

☐ Sunrise Medical Laboratories

☐ Thomas Jefferson University Hospital

Texas

☐ Clinical Pathology Laboratories, Inc. (CPL)
(Sonic HealthCare USA Inc.)

Signature

By signing and dating below, you agree to accept and use the designated lab indicated above for all your Aetna patients.

Physician Signature	Date
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Please return this form to Aetna via fax: FAX # 959-333-2276 or Email: AetnaLabCap@AETNA.com.

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PDS Dallas

Local Market Verification	
Physician PIN	Physician Office Number

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