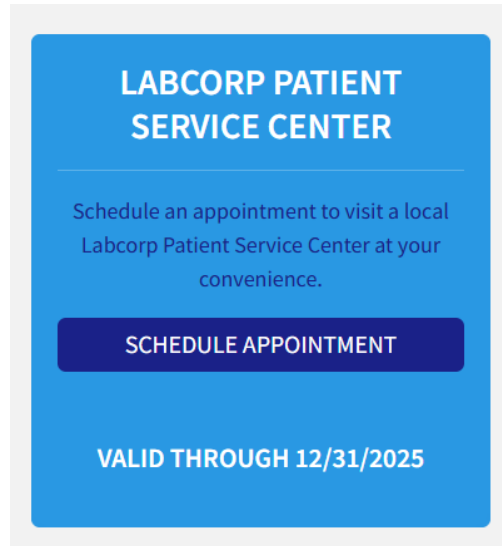


## Step-by-step directions on 'How to' access a PSC Voucher

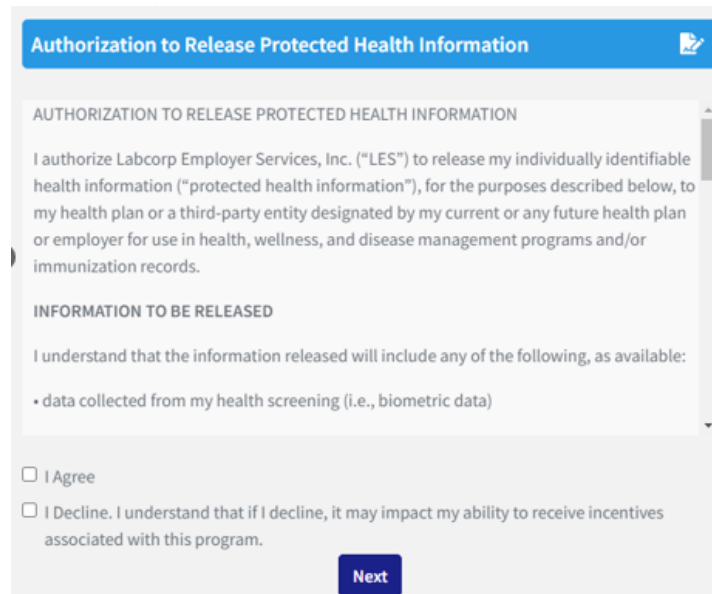
Use your WC+ Link to access the online portal – this is provided in your email confirmation!

1. Once logged in, navigate to the *Labcorp Patient Service Center* tile and select “Schedule Appointment”.

*Please note the “valid through” date will be specific to your companies program*



2. You will be prompted to accept *HIPAA consent*. Please review this text before checking “**I Agree**”

A screenshot of a web form titled "Authorization to Release Protected Health Information". The form contains the following text: "AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION", "I authorize Labcorp Employer Services, Inc. ("LES") to release my individually identifiable health information ("protected health information"), for the purposes described below, to my health plan or a third-party entity designated by my current or any future health plan or employer for use in health, wellness, and disease management programs and/or immunization records.", "INFORMATION TO BE RELEASED", "I understand that the information released will include any of the following, as available:", and a bulleted list: "• data collected from my health screening (i.e., biometric data)". At the bottom, there are two radio button options: "I Agree" and "I Decline. I understand that if I decline, it may impact my ability to receive incentives associated with this program." A blue "Next" button is located at the bottom right of the form.

3. Complete the **Enprovider Network Terms of Use, Informed Consent, and Notice of Privacy Practices**. Select “I acknowledge” the Next to continue.

### Enprovider Network Terms Of Use

PLEASE READ THESE TERMS OF USE CAREFULLY BEFORE USING OUR SERVICES.

ENPROVIDER NETWORK WILL NOT PROVIDE ANY SERVICES FOR MEDICAL EMERGENCIES OR URGENT SITUATIONS. IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL YOUR DOCTOR OR 911 IMMEDIATELY.

YOU SHOULD CONTACT YOUR HEALTHCARE PROVIDER IF YOUR SYMPTOMS GET WORSE OR YOU EXPERIENCE ANY NEW SYMPTOMS.

These Terms of Use (“Terms”) govern your use of the services provided by Enprovider Network, PC and certain contractually affiliated professional entities including Rudd, P.C., d/b/a Enprovider Network of Alaska, Enprovider Network of California, P.C., Enprovider Network of Kansas, P.A., Enprovider Network of Hawaii, Inc., Enprovider Network of New Jersey, P.C., and/or Enprovider Network of Texas, P.A. (collectively, the “Enprovider

I acknowledge that I have read accepted and agree to be bound by the Enprovider Network Terms of Use

[Previous](#) [Next](#)

[Enprovider Network Informed Consent](#)

[Enprovider Network Notice of Privacy Practices](#)

4. You will then be prompted to complete your *Patient Demographics*.

### Participant Demographics

In order to comply with state and federal reporting requirements, we need to verify some additional information from you. Please enter/confirm the information below before proceeding:

Address 1

Address 2

City

State

Zip Code

Phone Number

Ethnicity

Race

[Previous](#) [Next](#)

5. Select from the following options.

### Labcorp Patient Service Center

Please make a selection below:

- Make an appointment at a Labcorp Patient Service Center
- Locate an appointment booked on Labcorp.com
- Email test requisition form only

6. If you select – “Make an appointment at a Labcorp Patient Service Center”, you will be prompted to put in your address, then select search.

### Labcorp Patient Service Center

Make an appointment at a Labcorp lab:

[Locate Me](#)   [Search](#)

7. When you click Search, you will get a list of nearby Patient Service Centers to choose from.

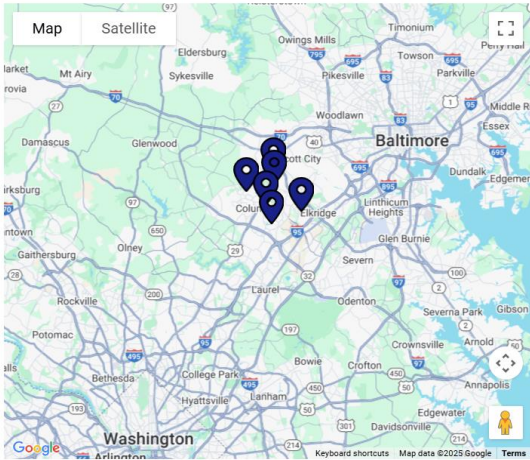
### Labcorp Patient Service Center

Make an appointment at a Labcorp lab:

[Locate Me](#)   [Search](#)

6740 ALEXANDER DR 102 COLUMBIA, MD 21046 <a href="#">More Details</a>	1 mi	<a href="#">Select</a>
8186 Lark Brown Rd, Ste 103 Elkridge, MD 21075 <a href="#">More Details</a>	2 mi	<a href="#">Select</a>
6310 STEVENS FOREST RD STE 150 COLUMBIA, MD 21046 <a href="#">More Details</a>	2 mi	<a href="#">Select</a>
5450 Knoll North Dr, Ste 150 Columbia, MD 21045 <a href="#">More Details</a>	4 mi	<a href="#">Select</a>
9501 Old Annapolis Rd, Ste 100 Ellicott City, MD 21042 <a href="#">More Details</a>	5 mi	<a href="#">Select</a>
11055 Little Patuxent Pkwy, Ste 210 Columbia, MD 21044 <a href="#">More Details</a>	5 mi	<a href="#">Select</a>

« « 1 2 3 4 5 » »



8. Select a location, date, and time then click continue.

### Labcorp Patient Service Center

Appointment Details

**Lab Address**  
6740 ALEXANDER DR 102  
COLUMBIA, MD 21046

09/18/2025

7:00 AM	8:00 AM	8:30 AM	8:45 AM
9:00 AM	9:15 AM	9:30 AM	9:45 AM
10:00 AM	10:15 AM	10:30 AM	10:45 AM
11:00 AM	11:15 AM	11:30 AM	11:45 AM
12:00 PM	12:15 PM	12:30 PM	12:45 PM
1:00 PM	1:15 PM	1:30 PM	1:45 PM
2:00 PM	2:15 PM	2:30 PM	2:45 PM
3:00 PM	3:15 PM	3:30 PM	3:45 PM
4:00 PM	4:15 PM	4:30 PM	4:45 PM
5:00 PM	5:15 PM		

9. Confirm Address, Email, Phone number and select continue.

### Labcorp Patient Service Center

Appointment Details

**Lab Address**  
6740 ALEXANDER DR 102  
COLUMBIA, MD 21046

**Date and Time**  
Thursday, September 18, 2025 at 7:00 AM

**Contact Information**

Address 1  
7227 Lee Deforest Dr

City: Columbia State: Maryland Zip Code: 21046

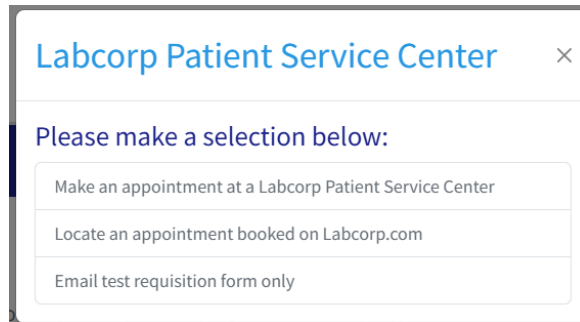
Email Address  
test@test.com

Phone Number (mobile preferred)  
123-456-7890

I would like to receive appointment reminders and notifications via autodialed text message.  
By checking this box, you agree that Labcorp may send you recurring informational messages regarding your lab services. You can reply STOP anytime to cancel future texts or HELP if you need assistance. Message and data rates may apply. Text message frequency will vary. For more information, view Labcorp [Terms & Conditions](#) and [Privacy Policy](#)

Continue

10. If you select *Email test requisition form only*, you will receive an email with a PDF to print.



The screenshot shows a web interface titled "Labcorp Patient Service Center" with a close button (X) in the top right corner. Below the title, it says "Please make a selection below:". There are three radio button options listed in a table-like structure:

<input type="radio"/> Make an appointment at a Labcorp Patient Service Center
<input type="radio"/> Locate an appointment booked on Labcorp.com
<input type="radio"/> Email test requisition form only

## **Email**

Thank you for participating in the Labcorp testing program. Please use the attached test requisition to receive testing at a Labcorp facility as outlined below.

**Important:** This test requisition must be used at a Labcorp facility by 12/31/2025

### **Steps to complete your Labcorp test:**

- 1. Verify your information:**
  1. Check the attached test requisition form for accuracy.
  2. If any information is incorrect, contact [Support@lescustomercare.zendesk.com](mailto:Support@lescustomercare.zendesk.com).
- 2. Visit a Labcorp facility:**
  1. If you have already booked an appointment, please ignore this step.
  2. If you have not yet booked an appointment, you can visit the nearest Labcorp location at your convenience. While appointments are encouraged, they are not required.
  3. To make an appointment, follow the instructions below:
    1. Access portal via "Schedule Now" button.
    2. Click "Labcorp Patient Service Center" service card and select "Make an appointment at a Labcorp Patient Service Center".
    3. Follow the prompts to locate a Labcorp facility near you and schedule your appointment.
    4. You will receive a confirmation email from Labcorp with the appointment details at the email address you provided. This information will also be displayed on the portal.
- 3. View Results:**
  1. Within two to three weeks of your test, results will be posted to your wellness portal.
  2. You can view all your historic Labcorp test results by visiting [patient.labcorp.com](http://patient.labcorp.com) and accessing your Labcorp patient account or setting up a free account if you don't already have one.
  3. If you have not received your test results within four weeks of your test date, please contact [Support@lescustomercare.zendesk.com](mailto:Support@lescustomercare.zendesk.com)

### **Ordered Tests:**

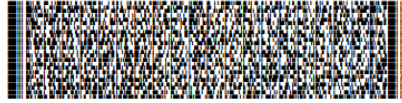
101300 - Biometrics  
262204 - LP+Glu  
001453 - Hemoglobin A1c  
101300 - Biometrics  
262204 - LP+Glu

**Reminder:** Bring a paper or digital copy of the test requisition with you to the Labcorp facility.

We look forward to seeing you!

**Schedule Now**

# Requisition Form



## Labcorp EREQ

<b>Account #:</b> 19023700		<b>Collection Date and Time:</b>	
<b>Req/Control #:</b> 1139407		<b>Courtesy Copy:</b>	
<b>Bill Type:</b> CLIENT		<b>Patient Status:</b> NOT APPLICABLE	
<b>Client / Ordering Site:</b>		<b>Ordering Physician:</b> Burke, David	
<b>Address:</b>		<b>NPI:</b> 1316970254	
<b>City, State Zip:</b>			
<b>Phone:</b>			
<b>Patient Name (Last, First, Middle):</b> Test, Userone		<b>Patient Email:</b> LESServiceDeliveryTeamB+demoproduct1@labcorp.com	
<b>Date of Birth:</b> 01/01/1990		<b>Gender:</b> MALE	<b>Race:</b> RACE NOT INDICATED
		<b>Ethnicity:</b> UNKNOWN	<b>Phone:</b> 443-851-8833
<b>Patient Address:</b> 123 Main St		<b>Patient ID:</b> 1139407	
# B		<b>Alt Patient ID:</b> TestUser1DIHOGRAU	
<b>City, State Zip:</b> Belfast, ME 04915		<b>Alt Control#:</b> 3218075	
<b>Order Code: Tests Ordered (Total: 5)</b>			
262204 LP+Glu		101300 Biometrics	
262204 LP+Glu		001453 Hemoglobin A1c	
101300 Biometrics			
<b>Diagnosis Codes:</b>			
<b>Responsible Party / Guarantor Information:</b>			
<b>Name:</b> Test, Userone			
<b>Address:</b> 123 Main St			
# B			
<b>City, State Zip:</b> Belfast, ME 04915			
<b>Phone:</b> 443-851-8833		<b>Relation to Pt:</b> SELF	
<b>Ask at Order Entry Information:</b>			
<b>AOE Question</b>		<b>AOE Response</b>	
GENDER IDENTITY			
SEXUAL ORIENTATION			

You can complete your lab testing quickly and easily. Labcorp offers convenient patient service center locations across the U.S. Visit [patient.labcorp.com](http://patient.labcorp.com) to make an appointment online or call 855-277-8669.

**Authorization - Please sign and date**

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

You will then see the appointment confirmation on the main page. Here you can **cancel** or **modify** your appointments as needed. Please be aware that you will receive **email communications** upon scheduling your appointment as well as reminders prior to your appointment. Should you cancel/modify your appointment, an updated email confirmation will be sent to you.

**Upcoming Appointments**

Date	Confirmation number	Service Type	Fasting	Location	Appointment For	Canceled			
11/04/2024 9:00 am(PST)	49GSAJZ9	Onsite Screening (fingerstick)	Strongly Encouraged	2300 Folsom St San Francisco, CA 94110-2011 TBD	Usertwo Test	N	<a href="#">Modify</a>	<a href="#">Cancel</a>	<a href="#">Resend</a>

Should you need any assistance during the registration process, please contact the Customer Care Team by email at [support@lescustomercare.zendesk.com](mailto:support@lescustomercare.zendesk.com) or call 844-251-6524.

The Customer Care Team is available Monday through Friday, 9 AM – 8 PM EST.