GENETICS LABORATORY

Billing Information Form

Patient Name___________________________

Patient's Address________________________

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Patient's Phone No._____________________

Insurance Company_____________________

Name of Policy Holder___________________

Policy Holder's DOB____________________

Employer______________________________

ID Number_____________________________

Group Number__________________________

Policy Holder's Relationship to Patient______

Phone Number of Insurance Co.___________

Address of Insurance Co._________________

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Please attach a copy, front and back, of the patient's insurance card.

Referral/Auth #___________________________

Date Specimen Sent to Lab________________

___ **The institution where the specimen originated has agreed to pay for tests**

Name of Institution___________________

Billing Address______________________

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Contact Person______________________

Phone No. __________________________

Patient's Medical Record No.__________

If the patient does not have insurance, payment for services is due up front.

Specify Payment Type

___**Check** **Check No.**_______

Credit Card:
___Mastercard ___Visa ___Discover

Card No._______________________ **Exp.**_____

Patient's Signature_______________________

We are contracted with the following insurance companies: Aetna, BCBS, Cigna, Community Care, First Health, Healthchoice, Humana/Tricare, OKDHS, Medicare, Pacificare/Secure Horizons, PPO Oklahoma, Preferred Community Choice, United Healthcare. Please include a copy of the patient's insurance card. **Referring physicians must obtain pre-authorization, as needed, from the patient's insurance company for testing.** The patient is responsible for any percentage, co-payment, deductible, or non-covered items. **Please note that Medicare and Tricare will only pay for chromosome analysis for certain diagnoses. Please refer to the approved diagnosis list available at our website, www.genetics.ouhsc.edu. If the patient does not have one of the approved diagnoses, please present an Advance Beneficiary Notice to the patient. Your staff will need to inform the patient of the cost of the lab tests so they may decide if they want to pay for these services out of pocket.**