

BILLING CHANGE REQUEST FORM

Client Name: _____ Client Account Number: _____

To change the billing type, complete the information below and fax this form to 630.933.2620.

Patient Name: _____ Patient Address: _____

Date of Birth: _____

Date of Service: _____

Patient Phone Number: _____

- Change Billing To: Insurance Bill
 Client Bill (Reason):
 All Tests (Including Pathology) All Tests (Except Pathology)

 Only these charges: _____

For insurance billing, please provide the information below:

Insurance Name: _____ Claim Address: _____

ID#: _____

Group#: _____

Diagnosis: _____

Physician signature required for Dx changes/additions:

Form completed by: _____ Phone Number: _____

*(Please print)***Timely Filing Limits**

Medicare	12 months	Health's Finest Network	120 days
Medicaid	180 days	Unicare	180 days
Blue Cross/Blue Shield (BCBS)	12 months	Humana	90 days
Aetna Health Plan	180 days	Aetna Medicare Advantage, BP, ITEC	90 days
Private Healthcare System/Multiplan	120 days	Chicago Health System (CHS) (MacNeal, West Suburban, and Weiss)	90 days
DuPage Medical Group (DMG)	90 days	Tricare	90 days
United HealthCare	90 days		
Cigna	180 days		

All other payers not listed here would have a 90 day timely filing limit. In order for us to bill your accounts to the insurance companies, we need your request 21 days before the timely filing limits. Additional copies of this adjustment form can be found on the home page of healthlabtesting.com under lab tests and instructions.