

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 | Humana | 90 days |
| Medicaid | 180 days | Chicago Health System (CHS) (MacNeal, | |
| Blue Cross/Blue Shield (BCBS) | 12 months | West Suburban, and Weiss) | 90 days |
| Blue Cross HMO | 90 days | Tricare | 12 months |
| Aetna Health Plan | 12 months | | |
| Private Healthcare System/Multiplan | 120 days | | |
| DuPage Medical Group (DMG) | 90 days | | |
| United HealthCare | 90 days | | |
| Cigna | 180 days | | |

All other payers not listed here would have a 90 day timely filling 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.