Northwestern Medicine® | HEALTHLAB

HealthLab
25 North Winfield Road
Winfield, Illinois 60190
Phone: 630.933.2633
Fax: 630.933.5292
healthlabtesting.com

TO _____

FAX _____ PHONE _____

DATE _____ RE: Missing Billing Information

FROM _____ # PAGES _____

FAX _____ PHONE _____

Upon review of the test requisition for this patient, the following information is incomplete.

Please complete and fax to 630.933.2620.

PATIENT NAME _____

DATE OF BIRTH _____ DATE OF SERVICE _____

☐ **PATIENT ADDRESS** _____

☐ **PATIENT INSURANCE INFORMATION:**

MEDICARE NUMBER _____ Marital Status _____

For secondary insurance, fax copy of card, front and back or complete below.

INSURANCE _____

POLICY HOLDER _____ RELATIONSHIP _____

GROUP NUMBER _____ ID NUMBER _____

INSURANCE CO. ADDRESS _____

☐ **DIAGNOSIS** (REQUIRED FOR EACH TEST ORDERED) _____

_____

Physician signature required for DX changes/additions:

Time _____ Date _____ Signature _____

☐ **The following test(s)/diagnosis code(s) do not meet medical necessity as submitted.**

Please review the patient's chart to see if an additional ICD-9 code(s) or narrative diagnoses are available and applicable or fax a properly executed ABN.

TEST _____ DX _____

TEST _____ DX _____

TEST _____ DX _____

If, upon further review, tests are still not deemed medically necessary, please note: Your account will be billed and you will be responsible for payment of services rendered.