



Medical Genomics Laboratory

Insurance Benefit Verification Form

The MGL can provide you with an insurance benefit verification on patients that are considering testing in our laboratory. If you would like the laboratory to perform this service in advance of submitting the specimen, please provide this completed form to our billing services coordinator, Sheila Robinson, at the contact information provided below.

Sheila Robinson
Billing Services Coordinator

Phone: 205-934-5523
E-mail: sshelby@uabmc.edu

Fax: 205-996-2929

Please complete the following items or provide a legible copy of the front and back of the patient's insurance card.

Patient Name (Last name, First Name, Middle Initial)		Patient Date of Birth (MM/DD/YYYY)
Insurance Company Name (i.e. Blue Cross, Humana, etc.)	Insurance Company Phone Number (contact number for member services, eligibility, or benefits)	
Insurance Member ID#/Policy #	Group #	Type of Plan (POS, PPO, HMO, etc.)

IDC-10 Codes

CPT Codes (for each required test) should be documented separately for each test requested.

Test Code 1	CPT Codes
Test Code 2	CPT Codes
Test Code 3	CPT Codes

Requestor's Name	Requestor's Title
Phone Number	Fax number
E-mail Address	

MGL Office Use Only

Name of
representative

Reference
number for
call

Effective date
of coverage
(MM/DD/
YYYY)

Expected
Deductible

Expected co-
payment

Are CPT
Codes
Covered?

Is an
authorization
needed?

Yes
No

Is a letter of
predetermination
needed?

Yes
No

Has the policy
terminated?

Yes
No

Additional
Comments: