



# Medical Genomics Laboratory

## Insurance Benefit Verification Form for Patients

The purpose of this form is to assist you in performing your own insurance benefit verification. Once the verification of benefits is performed, please provide this completed form to your physician. For questions, please contact 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](mailto:sshelby@uabmc.edu)

Fax: 205-996-2929

### **Step 1**

You will need to collect the following information prior to contacting your insurance company. This information can be found on your 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.)

### **Step 2**

**The following items will need to be provided by your physician.**

IDC-10 Codes

CPT Codes (for each required test)

CPT Codes should be documented separately for each test requested

Test Code 1

CPT Codes

Test Code 2

CPT Codes

Test Code 3

CPT Codes

---

### **Step 3**

You will need to contact your insurance company and speak with a live representative to inquire whether the obtained CPT codes are covered. You may need the ICD-10 codes listed above to confirm benefit verification. Once you have determined benefit eligibility, be sure to document the following items:

Name of  
representative

Reference  
number for  
call

Effective date  
of coverage  
(MM/DD/  
YYYY)

Expected out  
of pocket cost

---

Please provide a copy of this completed form with the sample submitted for testing.