

Versiti Diagnostic Labs Patient Billing Information Form



Date: ____ / ____ / ____

PAYMENT BY CREDIT CARD	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Amount:
	Card Number: - - -	
	Expiration Date: ____ / ____	Security Code (3-digit on back of card)

PAYMENT BY CHECK	Amount:	Check Number:
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PAYMENT BY MONEY ORDER	Amount:	Serial Number:
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BILLING INFORMATION

Billing Name:		
Billing Phone Number: ()	Work Number: ()	
Billing Address:		
City:	State:	Zip:

GENERAL INFORMATION

Patient Name:	Date of Birth: ____ / ____ / ____	
Patient Phone Number: ()	Work Number: ()	
Patient Address:		
City:	State:	Zip:

I hereby verify that all of the above is correct to the best of my knowledge.	Completed by:
Signature:	Date: ____ / ____ / ____

BILLING

Financial Responsibility: Versiti does not bill insurers or other third party payers except as noted below. The institution submitting the specimen for testing is responsible for payment. **Medicaid and Medicare:** Versiti bills the referring institution unless the patient is an outpatient Medicare enrollee or a Medicaid recipient from Wisconsin. If applicable, please complete the Medicare beneficiary form located at www.versiti.org/medical-professionals/products-services/requisitions. **Patient Direct Payment:** If Versiti does not contract with your facility or the patient's insurer for laboratory testing services, we can offer your patient to pay directly for laboratory testing. Please visit www.versiti.org for more information. **Tricare:** If your insurer is Tricare and you are a member of the military, please fill out the Tricare form and/or visit www.versiti.org for more information. **Invoices:** Invoices are issued on a weekly basis and are sent when a test has been completed. The institution referring the specimen is responsible for payment. Please submit all information for payment, including a purchase order number if required and billing address, on the requisition that is sent with the sample.

FOR ACCOUNTING USE ONLY		
Customer Number: PAID	Invoice Number:	Amount:
	Invoice Number:	Amount:
	Invoice Number:	Amount:
	Totals:	