

Versiti Diagnostic Labs



Patient Billing Information Form - TRICARE

Date: ____ / ____ / ____

GENERAL INFORMATION

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

TRICARE BILLING INFORMATION

<i>Please enclose a copy of the front and back of a Tricare Card</i>		
Tricare Group #:		Tricare ID #:
Tricare Address:		
City:	State:	Zip:
Diagnosis:	Diagnosis Code:	
Referring Physician's Name:		
Referring Physician's Phone Number: ()		
Referring Physician's NPI #:		
Subscriber's Social Security Number: - -		
Region (select one):	<input type="checkbox"/> North	<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West

I hereby verify that all of the above is correct to the best of my knowledge.

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.