



Molecular Testing Billing Request

Complete billing information for the following molecular tests:

- Microarray Analysis
- Factor V Leiden DNA Screen
- Prothrombin Factor II DNA Screen

Patient Type (check appropriate box)	<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Clinic visit
Patient Information	
Name (Last, First, MI)	
Date of Birth	
Address - Street	
City, State, Zip	
Insurance	
Primary Insurance	
<ul style="list-style-type: none"> • Subscriber Name • Subscriber ID 	
Secondary Insurance	
<ul style="list-style-type: none"> • Subscriber Name • Subscriber ID 	
Guarantor (if patient < 18)	
<ul style="list-style-type: none"> • Name • Relationship 	
Test/Sample Information	
Date of Collection	
Test Name	
Ordering Provider	
Name (Last, First, MI)	
Provider NPI	
Diagnosis Code	
ICD-10 or narrative description	

Fax the completed form to HCMC Lab Billing at 612-904-4229.