

Billing Reversal Form

****In order to reverse charges from the client bill, all billing adjustments must be submitted within 60 days of the initial date of service to meet timely filing guidelines. If timely filing is delayed due to inaccurate or incomplete patient insurance information, charges will then be posted to the client.**

**** Please note that billing corrections may take up to 10 days to post, so adjustments may not be seen for up to 2 billings statements.**

Client Information

Client Name: _____ Client Phone # (_____) _____
 Ordering Physician: _____ Date of Service: _____
 Requestors Name: _____

Patient Information

Patient Name: _____ DOB: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Patient Phone: _____
 Test Names: _____
 Diagnosis Codes: _____

Diagnosis codes must meet medical necessity to be changed to patient insurance bill

Patient Insurance information

Please check appropriate box

Account bill switching to Patient bill

*****Front and back copies of all current insurance cards are REQUIRED to process reversal.*****

Patient bill switching to Account bill

**Please fax 217-258-2384 or send by Laboratory Courier
 Please direct billing questions to Kaylee or Deb 217-258-2225**

For Office Use Only

Date Received

Check that information is complete.

Client information
 Patient information
 Diagnosis Listed
 Patient insurance information

Corrected FIN