Sarah Bush Lincoln
Laboratory Services

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*