BAYLOR MIRACA GENETICS LABORATORIES

P: 713-798-3566 | F: 713-798-4187 | medgenbilling@bcm.edu | www.bmgl.com

PATIENT INSURANCE BENEFIT VERIFICATION FORM

SPECIAL INSTRUCTIONS

1. COMPLETE ALL REQUIRED SECTIONS BELOW.
2. PROVIDE PATIENT'S INSURANCE CARD INFORMATION (Listed below are two approved methods of providing insurance card information).
    1. FAX a front and back copy of the patient's insurance card with the Patient Insurance Benefit Verfication Form.
    2. Complete the PATIENT'S INSURANCE INFORMATION section below.
3. FAX THE COMPLETED FORM AND, IF APPLICABLE, A COPY OF THE PATIENT'S INSURANCE CARD TO: FAX#: 713-798-4187 ATTN. BENEFIT VERIFICATION TEAM
4. WITHIN 3-5 BUSINESS DAYS FROM TIME OF RECEIPT, A BILLING DEPARTMENT REPRESENTATIVE WILL CONTACT THE PHYSICIAN AND/OR INSTITUTION REPRESENTATIVE REGARDING THE STATUS OF THE AUTHORIZATION.

PLEASE NOTE: IN SOME CASES, A LETTER OF MEDICAL NECESSITY MAY BE REQUIRED BY THE PATIENT'S INSURANCE COMPANY. IN THESE CASES, THE PHYSICIAN AND/OR INSTITUTION REPRESENTATIVE WILL BE REQUIRED TO PROVIDE A LETTER OF MEDICAL NECESSITY IN ORDER TO PROCESS THE BENEFIT VERIFICATION.

PATIENT INFORMATION

PATIENT LAST NAME

PATIENT FIRST NAME MI

DATE OF BIRTH (MM/DD/YY) GENDER ☐ FEMALE ☐ MALE

PATIENT ADDRESS

PATIENT CITY, STATE, ZIP

PATIENT'S INSURANCE INFORMATION

(SECTION ONLY REQUIRED IF THE FRONT AND BACK COPY OF THE PATIENT'S INSURANCE CARD IS NOT AVAILABLE TO BE FAXED TO BMGL)

POLICYHOLDER NAME

RELATIONSHIP TO PATIENT

INSURANCE COMPANY GROUP NUMBER

INSURANCE COMPANY ID NUMBER

INSURANCE COMPANY NAME

INSURANCE COMPANY ADDRESS

CITY, STATE, ZIP

INSURANCE COMPANY PHONE

AUTHORIZATION NUMBER (if already obtained)

REFERRING INFORMATION

ORDERING PHYSICIAN NAME

NPI#

PHYSICIAN ADDRESS

PHYSICIAN CITY, STATE, ZIP

PHYSICIAN PHONE

PHYSICIAN FAX

INSTITUTION NAME

GENETIC COUNSELOR /CONTACT NAME

GENETIC COUNSELOR PHONE

GENETIC COUNSELOR EMAIL

SPECIFY ALL TESTS ORDERED (PROVIDED TEST CODE(S) AND TEST NAME(S)

SPECIFY ALL APPLICABLE ICD9 CODES

DIAGNOSIS

IF YOU HAVE QUESTIONS REGARDING THIS FORM, PLEASE CONTACT BILLING DEPARTMENT AT 713-798-3566.

LAST UPDATED: 2/9/2015