

## BILLING CHANGE REQUEST FORM

**Client name:** \_\_\_\_\_ **Client account number:** \_\_\_\_\_

To change the billing type, complete the information below and fax this form to 630.933.2620.

Patient name: \_\_\_\_\_ Patient address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of service: \_\_\_\_\_

Patient phone number: \_\_\_\_\_

Change billing to: ☐ Insurance bill  
☐ Bill patient as self-pay  
☐ Client bill (reason): \_\_\_\_\_

☐ All tests (including pathology)

☐ All tests (except pathology)

☐ Only these charges: \_\_\_\_\_

For insurance billing, please provide the information below:

Insurance name: \_\_\_\_\_ Claim address: \_\_\_\_\_

ID#: \_\_\_\_\_

Group#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Physician signature required for diagnosis changes or additions:** \_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone number: \_\_\_\_\_

(Please print)

### Timely filing limits

Medicare	12 months	Health's Finest Network	120 days
Medicaid	180 days	Unicare	180 days
Blue Cross/Blue Shield (BCBS)	12 months	Humana	90 days
Aetna Health Plan	180 days	Aetna Medicare Advantage, BP, ITEC	90 days
Private Healthcare System/Multiplan	120 days	Chicago Health System (CHS) (MacNeal, West Suburban, and Weiss)	90 days
DuPage Medical Group (DMG)	90 days	Tricare	90 days
United HealthCare	90 days		
Cigna	180 days		

All other payers not listed here would have a 90-day timely filing limit. In order for us to bill your accounts to the insurance companies, we need your request 21 days before the timely filing limits. Additional copies of this adjustment form can be found on the home page of [healthlabtesting.com](http://healthlabtesting.com) under Lab Test Forms & Instructions.