PHYSICIANS LABORATORY SERVICES

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ACKNOWLEDGEMENT OF PREAUTHORIZATION FOR PATIENTS

PREAUTHORIZATION FOR INSURANCE BILLING IS REQUIRED. IF INSURANCE DOES NOT PAY FOR THE COST OF TESTING DUE TO LACK OF PREAUTHORIZATION, THE CLIENT OFFICE WILL BE BILLED FOR THE COST OF THE TEST.

Patient Name: _____ DOB: _____
(First) (MI) (Last) (Suffix) (MM/DD/YYYY)

Insurance: _____

Member ID: _____ Group ID: _____

Client Name: _____ Acct #: _____

Test Number/Name of Test: _____

CPT Codes: _____

Diagnosis: _____

Date of Service: _____

Preauthorization Obtained: ☐ YES ☐ NO

Preauthorization Number: _____

Name of Client Representative
(Please Print):

Client Representative
(Signature):

_____ _____