Insurance Adjustment Form

We understand that, on occasion, it may be necess…ents to your monthly invoice. If you would like Allina Health Laboratory to bill the patient or the… the information indicated below, and we will make the adjustment.

Client Name _____ Invoice # _____

Requestor's Name _____ Phone # (____)_____ Fax # (____)_____

Client name, account number, invoice number, requestor's name phone and fax are all required

Check here if you included a face sheet

Patient name	Date of service	Date of birth	Insurance company name	Subscriber ID/policy #	Test name or test #	Face sheet enclosed
Accn # (from your invoice)	Responsible party		…ient address		Diagnosis code(s)	Physician name (first & last)
Patient name	…f service		…surance company name	Sub…	Te…	…sheet enclosed
…oice)	Responsible party	Patient address			D…	…ysician Name …first & last)
…ne	Date of service	Date of birth	Insurance company name	Subscriber ID/policy #	Test name or test #	Face sheet enclosed
Accn # (from your invoice)		Patient addres…			Diagnosis code(s)	Physician name (first & last)
Patient name		Date of birth	Insurance company name	Subscriber ID/policy #	Test name or test #	
Accn # (from your invoice)	Responsible party	Patient address			Diagnosis code(s)	

The patient's date of birth goes here

Enter the patient's name here

Enter the date of service here

Enter the subscriber ID & group #'s Here, Separated by a Slash (/) - ID first

Indicate which test(s) you would like us to bill for here. You can enter "All tests"

Include the Accn # from your invoice here

Include the patient or responsible party's most recent billing address in this area

Enter the name of the insurance company here

Enter the name of the responsible party here. If the patient is responsible, use "Self"

List the ICD diagnosis code(s) That you want to use for this claim. Narrative coding is also acceptable if you don't have an ICD code

Include the ordering provider's full name (First & last)

E-mail or fax this form within 60 days of receiving your invoice to:

Allina Health Laboratory Billing
Email: labbilling@allina.com or Fax: (612) 863-0460

Do not include this form with your invoice mailing as it will not reach the appropriate department and will not be acted upon.

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