



Form 1c: U.S. Insurance Information

Impact Genetics is committed to providing the highest quality genetic testing to all patients. In many situations, genetic testing improves outcomes and quality of life and decreases total costs to the patient and healthcare system.

Processing medical insurance claims is usually challenging and time consuming. Many insurance companies require pre-authorization prior to testing. Impact Genetics supports insurance billing, completing coverage checks and pre-authorization.

It is important for patients to understand that insurance rarely covers 100% of the cost of genetic testing and that they will be financially responsible for some or all of the cost of testing. The patient is responsible for any portion of the test fee not covered by insurance for any reason, including but not limited to, co-payments, unmet deductibles, co-insurance and non-covered services. Prior determinations do not guarantee payment and the amount paid by insurance when the claim is submitted may be different from the coverage indicated during the pre-verification or pre-authorization process.

Pre-authorizations can take time to obtain depending on each individual insurance plan's policy and documentation requirements. Turnaround time for test results begins after the pre-authorization has been processed and approved.

For tests ordered through LabCorp, LabCorp administers billing. The LabCorp prior-authorization team will file a pre-verification/prior-authorization on behalf of the patient with any commercial insurance company. State managed Medicare plans cannot be billed.

Insurance process

1. Send **Form 1c: U.S. Insurance Information** as soon as possible.
2. Send **LabCorp Financial Responsibility Form** to initiate testing immediately.
3. Insurance coverage will be investigated and patient/specialist will be contacted to provide coverage estimate.
4. Insurance claim will be submitted upon completion of testing.
5. After insurance payment is received patient will be billed for non-covered services.

Note: Timely and complete submissions will enable faster insurance checks.



Send this form to LabCorp
BY FAX TO 1-888-598-7568

Form 1c: U.S. Insurance Information - HHT

Disease/Genetic Test

- Test # 480074 - HHT Proband
ICD-10 Code *provide code here* → _____
CPT Codes: 81405, 81406, 81479
- Test # 480192 - HHT Familial Mutation Analysis
ICD-10 Code *provide code here* → _____
CPT Codes:
 ENG del/dup mutation - 81405
 ENG point mutation - 81403
 ACVRL1/SMAD4 del/dup or point mutation - 81403
- Test # 480216 - Prenatal HHT Test
ICD-10 Code *provide code here* → _____
CPT Codes:
 ENG del/dup mutation - 81405, 81265
 ENG point mutation - 81403, 81265
 ACVRL1/SMAD4 del/dup or point mutation - 81403, 81265

Insurance Information

- Primary insurance Secondary insurance
If Patient has secondary insurance, include the information on an additional copy of this form with the secondary insurance box checked.

Name of insured (if not Patient): _____
Insurance company: _____
Claims address: _____
City: _____
State: _____ Zip code: _____
Country: _____
Group #: _____
Subscriber/member #: _____

Physician Information

Physician's name: _____
NPI: _____
Practice name: _____
Practice Address: _____
Telephone: _____
Fax: _____
LabCorp account #: _____

Patient Information

Last name: _____
First name: _____
Date of birth: Y M D _____
Address: _____
City: _____
State: _____ Zip code: _____
Country: _____
Telephone: _____

Contact Information

*Details of insurance coverage will be communicated.
Please provide preferred telephone number(s):*

- Patient Referring specialist
Telephone: _____
Alternate telephone: _____
Email: _____
 In the event Patient cannot be reached a voice message related to HHT genetic testing may be left at the above phone number(s)

Please Attach All of the Following

- Copies of both the front and back of insurance membership card(s)
- Letter of Medical Necessity, signed by Referring Specialist (contact Impact Genetics for template if needed)
- Clinic notes demonstrating the Patient's need for testing and confirmation of diagnosis
- Insurance approval details *if* prior pre-approval completed

*Testing process will be initiated when
LabCorp Financial Responsibility Form is received
or confirmation is received from insurance provider.*

Performing Lab - Impact Genetics
1100 Bennett Road - Unit 4
Bowmanville, ON L1C 3K5 CANADA
t: 1-877-998-7837 f: 1-888-598-7568
e: preverification@labcorp.com *Please ensure to use secure email*
Page 2 of 2. Please retain Page 1 for your own reference.
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