impact genetics

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.

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

Form 1c: *U.S. Insurance Information - Uveal Melanoma*

Disease /Genetic Test

☐ Test # 480344 - Uveal melanoma

ICD-10 Code •• *provide code here* •• ▸ _____

CPT Codes: 81294, 81403, 81406, 81479, 81301

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 #: _____

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

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 uveal melanoma 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

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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*