

# Insurance Adjustment Form Instructions



## Purpose

When making billing adjustments, it is important that we, Allina Health Laboratory Billing, understand exactly how you would like us to bill each patient's labs. When a billing correction is requested we need the most accurate and up to date information in the clearest format possible.

The insurance adjustment form lists all the information needed in a clear and organized format. This makes it easy for our billing staff to determine which patient you want us to change the billing for, which tests, what DOS, and which insurance if any should be billed. Hopefully, the following instructions & tips will increase our billing accuracy.

## How do I fill it out?

The form can be filled out by hand or if you have a copy of the fillable form on your computer you can simply type the information directly onto the form. All fields on the Insurance Adjustment Form are required to be filled out. You can open a copy of the form on our website at:

[http://www.allinahealth.org/ahs/allinalabs.nsf/page/BILLING\\_HOME](http://www.allinahealth.org/ahs/allinalabs.nsf/page/BILLING_HOME)

The form may also be filled out by hand, as long as the handwriting is clear and legible.

## Overview of the form

Below is a list of fields on the form and in depth explanations of each.

Client Name: This is where you list the name of your clinic or facility. It is very important that this is included so we know who you are.

Client Account #: This is required to make sure we are issuing credits to the correct account. Account numbers for most clients begin with an "X" and are followed by three letters. The account number is located in the upper left of your monthly statement just to the left of the name and address of your facility. Your account number is also listed near the top and center of your daily billing report just under the word "laboratories".

Invoice #: The identification number of the statement that lists the charges.

Requestor's Name: This is the name of the person who filled out the form and submitted it to us. We need this information so that we have a contact if we have questions.

Phone & Fax Numbers: Required so we can contact you if we need more information or have any questions while making the requested corrections.

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Patient name: The place where the patient's name is listed. Can be listed First Last, or Last, First as long as it is clear which one is first name and which is the last.

Date of service: This is generally the date the specimen was collected.

Date of birth: This is the field where the patient's date of birth should be listed. Do not list the responsible party's DOB here.

Insurance Co. name: The full name of the insurance to be billed.

Subscriber ID/policy #: List the ID # first and Group # second, separated by a slash. This makes it easier to identify the numbers for uncommon payers.

Test name or test #: This is a very important field to fill in as it tells us which test you would like us to make the billing corrections on. You can list each test separately or if you want us to bill for all tests on this accession just enter "All Tests". CPT codes are not always helpful because several tests (with different names) can use the same CPT for billing. The name of the test is the preferred format.

Face sheet enclosed: This tells us whether or not you sent information for the patient that should be attached. This ensures that we received everything you sent us, and if we didn't, it gives us a way of knowing that we are missing something.

Accn #: Accession numbers normally begin with an "X" followed by additional letters or numbers. Including this information increases the accuracy of our correction and how fast we can complete them.

The Accession number is located under the 3<sup>rd</sup> column from the left on your monthly statements. On the monthly statement the accession number can appear in multiple formats.

Responsible party: If the patient is responsible enter "self". If the person responsible is someone other than the patient, enter that person's name here.

Patient address: The most recent patient or responsible party address on file should be entered here. It is important to remember to include the apt. #, lot #, and street numbers.

Diagnosis code(s): All of the ICD codes that should be billed for this accession are listed here. Narratives are also acceptable as long as they are legible and have the specificity required to code.

Physician name: We need to have the first and last name of the ordering physician. The last name alone is not enough to properly ID the correct Physician.

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## How do I submit the forms to Allina Health Laboratory Billing for processing?

You can submit the completed forms to us via USPS, e-mail, or fax. If you filled out the form online be sure to save a copy for your records. You can send us a copy of the saved form as an attachment in e-mail form. This is the quickest and clearest way of submitting adjustment forms. This copy also serves as a reference for you to watch for these credits to appear on your next statement.

## When Allina Health Laboratory receives the adjustment forms

When we receive the forms we inspect each one to make sure all required information is present and that it is clear enough to make an accurate correction. The following are additional policies not already covered above:

- Timely Filing: We will change billing (from your facility to bill insurance) at any time up to 30 business days before our timely filing limits for the given payer. When we notice that you have sent us corrections that are past timely filing a notification will be faxed to you listing those patients.
- Charges originally billed to patient's insurance can be reversed to bill client only if we have not already submitted the bill to the patient's insurance.
- The changes that were requested via the adjustment forms should show up on your next monthly statement if the corrections were submitted five days from the last day of the month or earlier. If the billing information sent was not complete or legible the correction may not show up on your next statement.
- We will contact you via phone or fax to obtain any missing or illegible information. This extra step will sometimes slow down the process and may cause the correction to show up late on your statements.
- Face sheets are accepted as well with some exceptions. Face sheets (print outs from your billing system) are accepted given that they adhere to all of the same requirements as the insurance adjustments forms. We prefer that the patient's name, date of birth, date of service, and the test names are filled in on the adjustment form. Any information not on the face sheets should be written in on the adjustment form. The face sheets should be kept in order corresponding to the order on the adjustment forms.

## Questions or concerns?

If you have any questions about how to complete the form or about our billing policies you can reach our billing office at (612) 863-0400. We are more than happy to work with you to make the billing process easier, so if you have any suggestions, please let us know.

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**Insurance Adjustment Form**

We understand that, on occasion, it may be necessary to bill the patient or the responsible party. If you would like Allina Health Laboratory to bill the patient or the responsible party, please complete this form and fax it to us. We will make the adjustment.

Client Name \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Patient name \_\_\_\_\_

Accon # \_\_\_\_\_ (from your invoice)

Responsible party \_\_\_\_\_

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

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

Insurance company name \_\_\_\_\_

Phone # \_\_\_\_\_

Subscriber ID/policy # \_\_\_\_\_

Test name or test # \_\_\_\_\_

Diagnosis code(s) \_\_\_\_\_

Physician name (first & last) \_\_\_\_\_

Face sheet enclosed ☐

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

Enter the patient's name here

Enter the date of service here

Enter the patient's date of birth goes here

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

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"

Include the Accon # from your invoice here

Include 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)

Check here if you included a face sheet

Click on Tools PDF.

E-mail or fax this form within 60 days of receiving your invoice to: Allina Health Laboratory Billing  
Email: [labbilling@allina.com](mailto: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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