CPT/Fee request form

Allina Health LABORATORY

Date:
Client name:
Contact name:
Contact phone #: ( ) -
Return form via: ☐ Fax ( ) -
☐ Email*

** Email of form will be sent securely which may result in creating an ID and password to retrieve*

Patient name:
Date of birth:
Date of service:
Test name:

Providing specific patient information allows us to better provide the correct billing information.

**Submit completed form by fax to* (612) 863-0460 or by secure email to LabBilling@allina.com

For Allina Health Laboratory use only:

CPT Code(s): Description: Client Fee:

CPT Coding

It is your responsibility to determine the correct CPT codes to use for billing. CPT codes provided by Allina Health Laboratory are for informational purposes only. This coding is based on the Current Procedural Terminology (CPT) guideline manual published by the American Medical Association, and the local and third party payer requirements. Any questions regarding the use of a code should be referred to your local Medicare carrier or the payer being billed.

Allina Health Laboratory assumes no responsibility for reimbursement you may or may not receive based upon the procedure codes listed.