

Insurance Adjustment Form

We understand that, on occasion, it may be necessary to make adjustments to your monthly invoice. If you would like Allina Health Laboratory to bill the patient or their insurance, provide the information indicated below, and we will make the adjustment. To process requests, requests must be submitted timely, all information must be legible, complete, accurate, valid, and meet medical necessity when applicable.



Client Name: _____ **Client Code:** _____ **Invoice #** or **Notification #:** _____
Requestor's Name: _____ **Phone:** (____) _____ **Fax:** (____) _____
Date submitted: _____

<i>Patient name</i>	<i>Date of service</i>	<i>Date of birth</i>	<i>Insurance company name</i>	<i>Subscriber ID/policy #</i>	<i>Test name or test #</i>	<i>Face sheet enclosed</i> <input type="checkbox"/>
<i>Lab # (from your invoice)</i>	<i>Responsible party</i>	<i>Patient address</i>			<i>Diagnosis code(s)</i>	<i>Physician name (first & last) & NPI</i>
<i>Patient name</i>	<i>Date of service</i>	<i>Date of birth</i>	<i>Insurance company name</i>	<i>Subscriber ID/policy #</i>	<i>Test name or test #</i>	<i>Face sheet enclosed</i> <input type="checkbox"/>
<i>Lab # (from your invoice)</i>	<i>Responsible party</i>	<i>Patient address</i>			<i>Diagnosis code(s)</i>	<i>Physician name (first & last) & NPI</i>
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<i>Lab # (from your invoice)</i>	<i>Responsible party</i>	<i>Patient address</i>			<i>Diagnosis code(s)</i>	<i>Physician name (first & last) & NPI</i>
<i>Patient name</i>	<i>Date of service</i>	<i>Date of birth</i>	<i>Insurance company name</i>	<i>Subscriber ID/policy #</i>	<i>Test name or test #</i>	<i>Face sheet enclosed</i> <input type="checkbox"/>
<i>Lab # (from your invoice)</i>	<i>Responsible party</i>	<i>Patient address</i>			<i>Diagnosis code(s)</i>	<i>Physician name (first & last) & NPI</i>

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.*