Insurance Adjustment Form

Allina Health LABO

Client Name: _____ Client C

Requestor's Name: _____ Phone:

Date submitted: _____

Complete the top portion of the form. Client name, client code, invoice or notification number, requestor's name, phone and fax, along with the date sent is required.

All highlighted fields in the bottom section are required to be completed with accurate and complete information.

Check here if you included a face sheet.

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

Enter lab or accession number . This is not the invoice number.

Enter the responsible party here. If the patient is responsible, use "self".

List one or multiple tests in the test name or test # field. "All" can also be used if all tests for one patient are to be billed to insurance. *(must be same lab or accession number)*

List the ICD diagnosis code(s) that you want to use for this claim. Diagnosis codes must be valid, complete, and meet medical necessity if required by payer.

If information is not complete, the request to bill insurance will not be processed. Please keep a copy of your request for your records to reconcile invoices. You will not be contacted should we be unable to process your request.

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.*

March 2024