



# Medical Genomics Laboratory

## Insurance Benefit Verification Form

The MGL can provide you with an insurance benefit verification on patients that are considering testing in our laboratory. If you would like the laboratory to perform this service in advance of submitting the specimen, please provide this completed form to our billing services coordinator, Sheila Robinson, at the contact information provided below.

Shelia Harris  
Billing Services Coordinator

Phone: 205-934-5523  
E-mail: [sshelby@uabmc.edu](mailto:sshelby@uabmc.edu)

Fax: 205-996-2929

Please complete the following items or provide a legible copy of the front and back of the patient's insurance card.

Patient Name (Last name, First Name, Middle Initial)		Patient Date of Birth (MM/DD/YYYY)
Insurance Company Name (i.e. Blue Cross, Humana, etc.)	Insurance Company Phone Number (contact number for member services, eligibility, or benefits)	
Insurance Member ID#/Policy #	Group #	Type of Plan (POS, PPO, HMO, etc.)

IDC-10 Codes

CPT Codes (for each required test) should be documented separately for each test requested.

Test Code 1	CPT Codes
Test Code 2	CPT Codes
Test Code 3	CPT Codes

Requestor's  
Name

Requestor's Title

Phone Number

Fax number

E-mail Address

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### MGL Office Use Only

Name of  
representative

Reference  
number for  
call

Effective date  
of coverage  
(MM/DD/  
YYYY)

Expected  
Deductible

Expected co-  
payment

Are CPT  
Codes  
Covered?

Is an  
authorization  
needed?

Yes  
No

Is a letter of  
predetermination  
needed?

Yes  
No

Has the policy  
terminated?

Yes  
No

Additional  
Comments: