

## Pre-Verification/Pre-Authorization Request Form

(revised 11/4/2016)

PreventionGenetics is committed to providing the highest quality genetic testing to all patients. Our philosophy is that genetic testing should enhance the quality of clinical care for the patient and be affordable to everyone.

Processing medical insurance claims may be challenging and time consuming. Many insurance companies require prior authorizations in order to determine whether genetic testing is medically necessary and will be a covered service under the patient's plan. PreventionGenetics' billing department is available to assist clients with pre-verifications/pre-authorizations.

Our prices are transparent and openly published on our website. Our published list price is always the maximum out of pocket cost to the patient, since insurance claims may not cover all or any of the costs of genetic testing. The patient's financial responsibility is any portion of the test fee not covered by the insurance company for any reason including, but not limited to, co-payments, co-insurance, unmet deductibles, or denied/non-covered services. This may be true even if prior authorization was obtained, as prior authorization does not guarantee payment by the insurance company for the service provided.

Prior authorizations can take some time to obtain depending on each individual insurance plan's policy and documentation requirements. If a sample is received while pre-authorization is still in process, the DNA will be extracted and testing put on hold until the pre-authorization has been processed. Turnaround time for test results begins after the pre-authorization has been processed and approved.

We will file a pre-verification/pre-authorization on behalf of the patient with any commercial insurance company and Wisconsin Medicaid. Benefits quoted will be based on our status as an out-of-network provider. We are in-network (contracted provider) with a limited number of health plans (see website).

If the patient's sample is collected in the state of New York, a New York State Non-Permitted Laboratory Test Request approval letter must be included at time of specimen submission.

To request assistance please provide the following information to [insurance@preventiongenetics.com](mailto:insurance@preventiongenetics.com) or fax **855-883-0975**.

# PREVENTION GENETICS

DISEASE PREVENTION THROUGH GENETIC TESTING

## Pre-Verification/Pre-Authorization Information Form

<b>Patient's Last (Family) Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
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**Patient Address**

<b>Patient ID Code/MRN</b>	<b>PreventionGenetics Test Name Desired</b>	<b>PreventionGenetics Test Code Desired</b>
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<b>CPT Code(s)</b>	<b>Test Price</b>	<b>ICD-10 Code(s)</b>
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<b>Primary Insurance Company *Name/Address/Phone Number*</b>	<b>Policy ID # (Print clearly)</b>	<b>Group #/Group Name</b>
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<b>Policy Holder Name</b>	<b>Policy Holder Date of Birth</b>	<b>Relationship to Patient</b>
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**Please attach the following:**

- Letter of Medical Necessity (Required)
- Relevant Medical Records (Required)
- Copy of front and back of patient's insurance card
- NY Non-permitted lab approval letter (if specimen collected in NY)

*In some cases you may be asked to provide additional information to our billing staff in order to process pre-verification/pre-authorization with the insurance company.*

**Person completing form/Ordering provider & contact information** **Date of Request:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact e-mail:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Ordering Provider:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Share results of benefits investigation with patient directly via email or FAX# only** \_\_\_\_\_

**Please fax completed form to 855-883-0975**

A billing staff member will communicate the request to the insurance company and will update you by e-mail (via ShareFile) or phone regarding the status of the request. You may contact our insurance staff at 715-387-0484 extension 209 or [insurance@preventiongenetics.com](mailto:insurance@preventiongenetics.com).