

# Versiti Diagnostic Labs

## Patient Billing Information Form - TRICARE



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### GENERAL INFORMATION

Patient Name:		Date of Birth: ____ / ____ / ____
Patient Phone Number: (    )	Work Number: (    )	
Patient Address:		
City:	State:	Zip:

### TRICARE BILLING INFORMATION

<b><i>Please enclose a copy of the front and back of a Tricare Card</i></b>		
Tricare Group #:	Tricare ID #:	
Tricare Address:		
City:	State:	Zip:
Diagnosis:	Diagnosis Code:	
Referring Physician's Name:		
Referring Physician's Phone Number: (    )		
Referring Physician's NPI #:		
Subscriber's Social Security Number:                      -                      -		
Region (select one):	<input type="checkbox"/> North	<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West

<b>I hereby verify that all of the above is correct to the best of my knowledge.</b>	
Signature: _____	Date: ____ / ____ / ____

### BILLING

**Financial Responsibility:** Versiti does not bill insurers or other third party payers except as noted below. The institution submitting the specimen for testing is responsible for payment. **Medicaid and Medicare:** Versiti bills the referring institution unless the patient is an outpatient Medicare enrollee or a Medicaid recipient from Wisconsin. If applicable, please complete the Medicare beneficiary form located at [www.versiti.org/medical-professionals/products-services/requisitions](http://www.versiti.org/medical-professionals/products-services/requisitions). **Patient Direct Payment:** If Versiti does not contract with your facility or the patient's insurer for laboratory testing services, we can offer your patient to pay directly for laboratory testing. Please visit [www.versiti.org](http://www.versiti.org) for more information. **Tricare:** If your insurer is Tricare and you are a member of the military, please fill out the Tricare form and/or visit [www.versiti.org](http://www.versiti.org) for more information. **Invoices:** Invoices are issued on a weekly basis and are sent when a test has been completed. The institution referring the specimen is responsible for payment. Please submit all information for payment, including a purchase order number if required and billing address, on the requisition that is sent with the sample.