

Medicare & Medicaid Beneficiary Information Form



Patient/Sample Name

Last				First				MI	
MR #				Accession #					
DOB	/	/		Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Asian <input type="checkbox"/> Other	

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient?							Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient Discharge Date			/	/				
Versiti Wisconsin will bill your institution directly unless testing is performed on an OUTPATIENT Medicare enrollee or a Medicaid recipient from WI. Particular molecular pathology testing subject to the Medicare "14-Day Rule" also will be evaluated for Versiti Wisconsin's appropriateness for billing.								
Medicare #								
Railroad Retiree #								
Medicaid #	(Wisconsin only)							
Patient's Address								
City				State		Zip		

Please Provide a copy of the beneficiaries insurance information (Front and Back)

Diagnosis			Diagnosis Code		
Referring Physician's Full Name					
Referring Physician's Signature					
Referring Physician's Provider NPI#			Physician's Phone Number or email address		

CMS has recently set forth its expectations for laboratory documentation in a MedLearn Fact Sheet entitled "Complying with Documentation Requirements for Laboratory Services" (ICN 909221, Aug. 2018), available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf>.

In accordance with CMS' documentation expectations, we expect the hospital to provide the following information at the time the test is ordered:

- Basic beneficiary demographic and payer information, including other insurance coverage or potential coverage if applicable.
- Beneficiary status at the hospital, i.e., as an outpatient (including date of discharge from outpatient care) or as a non-patient.
- A legibly signed and dated physician order or requisition detailing all tests to be performed.
- Any necessary prior authorization that is required for testing must be provided
- Any necessary patient consents for the testing to be performed.

By submitting the requested information above to Versiti, the hospital acknowledges that Versiti will bill Medicare for the testing services and the hospital will not submit for Medicare reimbursement for the requested services. Versiti will bill the hospital directly in the event.

If testing services requested by the hospital do not qualify, and should be submitted by the Hospital for reimbursement.

If the Hospital is not compliant in providing the above information.

Signature of Hospital Representative _____