

BILLING PARTNERSHIP EXPECTATIONS

As part of our partnership we are providing laboratory services to the residents/patients of *YOUR* facility. In doing so, and as part of that service, we offer the opportunity to bill *YOUR* patients/residents insurance accordingly. However, in order to bill correctly, we need up-to-date or current billing information on *YOUR* patients/residents. Please remember – *YOU* - are directing us as how to bill appropriately.

It would be much easier and simpler for us to provide the laboratory services and bill your facility for the work. Then in-turn *YOUR* facility would bill *YOUR* patients/residents as needed, however we understand this would take extra staff, expertise and time.

We also appreciate the time and effort it takes to load demographic information, fax face sheets and or any billing information - and we ask for your continued help to make this process as clean and easy as possible.

PATIENT DEMOGRAPHICS *(Face Sheet/Claim Sheet/ Insurance Information Form)*

Patient Demographics - contains all the basic demographic information about an individual, patient or resident.

Patient demographics *(Face Sheet, Claim Sheet, Insurance Information Form)* include:

Patient name	Date of Birth	Address
Health insurance information	Primary Insurance Group #	Primary Insurance Policy #
Guarantors	Emergency contact information	Gender
Phone number	Provider Information	Other

Each piece of information is important because correct and quality entry of such information will directly impact billing of the resident's insurance or back to the facility. A good patient demographic form is the key to obtaining accurate information which is required for claim submission. Providing as much information as possible will reduce unnecessary contact and proper billing.

Your resident's insurance coverage **must** be provided before any Laboratory services are rendered. This information must be furnished before services begin and within 3 days of admission to your facility. Information for Laboratory billing services are no different than the billing information and expectation of your Pharmacy or X-ray partners.

Examples of information required to bill correctly:

Facility Name	Today's Date	Provider First & Last Name
New Resident or Change in Billing Information	Gender	Resident Name
Patient Address (if different from facility)	DOB	
Medicare Number	Welfare Number	Medica Number
HealthPartners Plan Number	Member Number	Other Insurance Company
Resident's Medicare Insurance primary or secondary	Insurance Policy #	Insurance Address