Allina Medical Laboratories
Medicare/Medicaid/Private Insurance Adjustments

We understand that occasionally it is necessary to make adjustments to your monthly statement. If you would like Allina Medical Laboratories to bill the patient or any third party payers we bill directly, please provide the information indicated below, and we will make the correction. Upon completion, please fax or mail this form (within 60 days of receiving your invoice) to:

Allina Medical Laboratories Billing
2925 Chicago Avenue, MR 10019
Minneapolis, MN 55407

Fax 612-262-5965
Phone 612-262-4000
Email: labbilling@allina.com

Prompt attention to these details will allow us to better serve you!

Patient Name	*Date of Service*	*Date of Birth*	*MCR/MCD/Private Ins. #/Group #*	*MCR/MCD/Private Ins. Co. Name*	*Test Name or Test #*	*Face Sheet Enclosed*
Accession Number	*Responsible Party*	*Patient Address*			*Diagnosis ICD-9 Code*	*Physician*
Patient Name	*Date of Service*	*Date of Birth*	*MCR/MCD/Private Ins. #/Group #*	*MCR/MCD/Private Ins. Co. Name*	*Test Name or Test #*	*Face Sheet Enclosed*
Accession Number	*Responsible Party*	*Patient Address*			*Diagnosis ICD-9 Code*	*Physician*
Patient Name	*Date of Service*	*Date of Birth*	*MCR/MCD/Private Ins. #/Group #*	*MCR/MCD/Private Ins. Co. Name*	*Test Name or Test #*	*Face Sheet Enclosed*
Accession Number	*Responsible Party*	*Patient Address*			*Diagnosis ICD-9 Code*	*Physician*
Patient Name	*Date of Service*	*Date of Birth*	*MCR/MCD/Private Ins. #/Group #*	*MCR/MCD/Private Ins. Co. Name*	*Test Name or Test #*	*Face Sheet Enclosed*
Accession Number	*Responsible Party*	*Patient Address*			*Diagnosis ICD-9 Code*	*Physician*
Patient Name	*Date of Service*	*Date of Birth*	*MCR/MCD/Private Ins. #/Group #*	*MCR/MCD/Private Ins. Co. Name*	*Test Name or Test #*	*Face Sheet Enclosed*
Accession Number	*Responsible Party*	*Patient Address*			*Diagnosis ICD-9 Code*	*Physician*

Client Name _____

Requestor's Name _____

Statement Date _____

Client Acct. # _____

Phone # (_____)_____

Fax # (_____)_____

October 2008