



Allina Medical Laboratories Billing
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Mail Route 10019
Minneapolis, MN 55407-1321
612-262-4000
Fax 612-262-5965

CPT/CLIENT FEE REQUEST FORM

Date Name of Person Requesting Information

Client Name Phone # () Fax # ()

Check CPT Code, List Fee or BOTH

Test Name:
 CPT Code(s):

Client Fee: \$

*Patient Name:

Date of Birth:

Date of Service:

*By supplying specific patient information, we are better able to pull up the correct billing information.

CPT Coding

It is your responsibility to determine the correct CPT codes to use for billing. CPT codes provided by Allina Medical Laboratories are for informational purposes only. This coding is based on the Current Procedural Terminology (CPT) guideline manual published by the American Medical Association, and the local and third party payer requirements. Any questions regarding the use of a code should be referred to your local Medicare carrier or the payer being billed.

Allina Medical Laboratories assumes no responsibility for reimbursement you may or may not receive based upon the procedure codes listed.