

PSIP BILLING REQUIREMENTS

For proper billing and reimbursement we **MUST** have the requisitions filled out completely with the following information and submitted at the time of the specimen:

- Patient's full name, clearly written or typed
- Patient's **complete** address with apt #'s and/or PO Box #
- Patient's date-of-birth and Social Security number
- Any pertinent billing instructions, i.e. bill doctor, patient, or insurance
- Complete insurance information:
 1. Claims address.
 2. ID/subscriber number with alpha prefix, if applicable
 3. Group number, if applicable
 4. If possible, copy of front and back of card
 5. If Medicaid, a copy of patient's Provider One card
 6. If Medicare, have patient sign the Medicare waiver on the back of the requisition or a separate Advanced Beneficiary Notice (ABN) provided by PSIP (you may obtain a copy of this form from our website www.psip.com).
- ICD9 code
- Clinical history
- Name of the referring physician (be prepared to give doctor's NPI if we call)
- Date specimen collected