INFORMATION REQUIRED

For sending specimens to Millennium Health for medication monitoring. To avoid delays in laboratory results please include the following:

① Patient Information – Test Requisitions

Please complete all information in this section. It is important for accurate patient identification and billing.
PLEASE PRINT CLEARLY:

- Patient Name-First and last name, middle initial is helpful
  (NOTE: For Medicare, patient name must appear exactly as it appears on the patient's Medicare card.)
- Gender
- Insurance ID number and/or social security number (preferred)
- Date of birth

Please double check when attaching copies of face sheets, insurance cards or other attachments containing insurance information, that all information provided is **legible**. Copied information that is illegible will need to be submitted again.

② Diagnosis Code(s) – Test Requisitions

Provide the appropriate diagnosis code or codes for the reason the patient is being tested. All diagnosis codes must be provided at the highest level of specificity (4th or 5th digit).

- Workers' Compensation DOES NOT permit a diagnosis code starting with a "V" to be considered a primary diagnosis
- Workers' Compensation, MUST provide the work related diagnosis

Please provide the sign or symptom for the visit as an ICD-9-CM code to the highest level of specificity.

Examples:
Low Back Pain = 724.2
(requires 4th digit specificity)

Long term use of medication= V58.69
(requires 5th digit specificity)

③ Patient Billing Information

Attach a face sheet or other documentation with the necessary information for each option below.

Self Pay

- Current billing address (street, city, state and 5 digit zip code)
- Current phone number (including area code)

Workers' Comp/Personal Injury

- Current billing address (street, city, state and 5 digit zip code)
- Phone number (including area code)
- Date of injury
- Case or claim number
- Adjuster/contact name and contact information
- Insurance carrier including address (street, city, state and 5 digit zip code)
- Insurance carrier phone number (including area code)
- Employer name
- Attach attorney contact information (if applicable)

For all other billing categories

- Document of patient billing address
  (street, city, state and 5 digit zip code)
- Patient phone number (including area code)
- Patient insurance documentation, ID, Group number
- Insurance carrier address
- Insurance carrier phone number

MILLENNIUM HEALTH SM

Billing Customer Service 877.451.7337
millenniumhealth.com