

FORM (A)

ALL BLUE CROSS AND BLUE SHIELD PAYMENT METHODS

IMPORTANT NOTICE: This signed page must be returned with test requisition in order to test your sample.

The Great Plains Laboratory is an in-network provider with Blue Cross Blue Shield PPO through the Blue Card program and the Federal Employee Program. Please refer to the appropriate section to verify your coverage.

- Section A – Blue Cross Blue Shield PPO
- Section B – Any Blue Cross Blue Shield other than PPO

Section A – Blue Cross PPO

You are a member of Blue Cross Blue Shield of Kansas City (BCBSKC) PPO

OR

You are a member of Blue Cross Blue Shield (BCBS) PPO member through the Blue Card Program or the Federal Employee Program

Anywhere in the United States as long as your membership card has a suitcase logo on it (Blue Card program) or a map of the United States (Federal Employee Program).

Claim processing will apply as follows:

- You must photocopy your membership cards (both sides) and submit with your requisition.
- We will not process your lab results without appropriate ICD-9 diagnosis code and signature provided by your physician.
- We will not accept any payment from you in advance of service with the exception of the IgG Food Allergy Test.
- Your doctor does not need to be a Blue Cross provider of any type.
- Once we receive payment information from BCBS you will be responsible for any deductibles, copayments, and coinsurance.
- If for any reason BCBS deems your lab work as a non-covered or medically unnecessary service, you will be responsible for the full amount of the charge.
- **Most BCBS plans do not cover the IgG Food Allergy Test. Therefore clients must include payment for 100% of the cash price for this test. GPL will file insurance for this test on the patient's behalf, but we no longer will run this test for BCBS members without payment in full up front.**
- We will not process your lab results without proper signature of acknowledgment on this form below and on the test requisition.

In the event that my Blue Cross/Blue Shield coverage deems my lab work as a non-covered or medically unnecessary service, I agree to pay the full amount.

Sign **X** _____ and return this form with the requisition.

Refer back to Page 3 of the test requisition form and enter your Primary Insurance information.

Section B – All Other Blue Cross (HMO, Blue Advantage, Blue Advantage+, etc.)

If you are a member of any other Blue Cross Blue Shield plan (HMO, Blue Advantage, Blue Advantage+, Blue Care, etc.) we will not be able to file for you and full payment of the cash price will be due, via check or credit card along with the requisition. We will send you a statement of services should you wish to submit to your insurance. **Refer back to page 1 of test requisition and enter your method of payment.**

*The approval of someone legally acceptable to order tests on your behalf is necessary for us to do the test. If the doctor is not available to sign the requisition form, have him/her fax their order to us on a script pad paper. We will attach this to the requisition. Fax number: 913-268-5467