Billing Information Request Form

FIRMALAB BIO-DIAGNOSTICS
870 Vine St. Los Angeles CA 90038
Director: Dr. Terence McGee, MD
CLIA# 05D0992853 PHONE#: 1(800) 810-3040

PATIENT INFORMATION

LAST NAME		FIRST NAME	Medicare Beneficiary/HIC ID #
DATE OF BIRTH (MM/DD/YYYY)		SEX ASSIGNED AT BIRTH ◯ Male ◯ Female ◯ Unknown	Medicaid #
ADDRESS		CITY	ManagedCare/HMO #
STATE/PROVINCE	POSTAL CODE	COUNTRY	Managed Medicaid #
PHONE		EMAIL	Social Security #

BILLING INFORMATION

PRIMARY PAYER ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #
INSURANCE PLAN	NAME OF INSURED		RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)
SECONDARY PAYER ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #
INSURANCE PLAN	NAME OF INSURED		RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)
THIRD PAYER ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #
INSURANCE PLAN	NAME OF INSURED		RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)
FOURTH PAYER ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #
INSURANCE PLAN	NAME OF INSURED		RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)
FIFTH PAYER ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #
INSURANCE PLAN	NAME OF INSURED		RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)