



Penn Medicine Lancaster General Health

Patient Billing Inquiries

Questions or concerns about Laboratory billing can be directed to Customer Service at 717-544-4953 or by searching www.lancastergeneralhealth.org

Billing problems should be addressed within 30 days of receiving your bill. Please make a copy of the appropriate page of your bill, highlight the billing discrepancy and note what needs to be investigated and/or corrected (duplicate billing, Medicare patient, etc). The Laboratory will investigate the problem and make any changes (charges/credits) that are necessary. If you have been billed on your monthly client billing for a patient who should have been billed to a third party carrier, please provide all pertinent information to bill the patient's insurance.

Laboratory Requisition Form Users

1. Billing Options

LGH will generate monthly corporate bills, will directly bill third party carriers, or will bill the patient directly in a self-pay status, if requested. Medicare requires the laboratory performing the test to submit the bill to them and receive payment from them in accordance with the Medicare Fee Schedule.

2. Monthly Corporate Bill

Enter your 10-digit corporate number in the appropriate box on the request slip

Check Bill Practice:

BILL PRACTICE

(name of practice/office to be billed)

****ICD-10 / DIAGNOSIS IS REQUIRED (for all Laboratory Testing)
TO BILL ALL THIRD PARTY CARRIERS****

Because of the changing environment and the ease with which we can change insurance companies /employers/family status, the information for third party carriers **must** be supplied for each patient visit.

We cannot assume the patient has the same insurance information from previous visits.



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3. Medicare

Check appropriate box on the Clinical Laboratory Requisition, and:

- Patient's complete Medicare number, i.e. 1AB2CD3EF45
- Provide primary insurance with subscriber's information also, if Medicare is secondary.

4. Advanced Beneficiary Notice (ABN)

As you discuss reasonable and necessary services with your Medicare patients, please have the ABN signed when the diagnosis codes are not covered.

5. Medical Assistance

Check appropriate box on the Laboratory Requisition: "MA"

- Provide the "recipient number" under Policy Number.
- Subscriber (cardholder) information if not the patient:
- Children 17 and under, even though the child is their own subscriber for "MA"- a guarantor (responsible party) is required: name, relationship to patient and address, if different than the patient. An LGH statement is sent to this person.

6. Commercial Insurance Carriers

****Information required for each patient visit****

- ICD-10-CM codes, to the 4th or 5th specificity, are required for all third party billing.
- Policy number is required for all third party carriers.
- Subscriber (person who holds the insurance plan) information is required for all third party carriers: name, address (if different than patient), date of birth, Social Security number, relationship to patient, subscriber's employer.
- Name of insurance company, and the insurance company address.
- Group number is helpful, but not required.
- Children 17 and under - a guarantor (responsible party) is required: name, relationship to patient and address, if different than the patient. A LGH billing statement is sent to the responsible party.



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****ALWAYS PROVIDE POLICY NUMBER AND SUBSCRIBER INFORMATION****
If Subscriber is the spouse, we need their name and date of birth (DOB) along with the insurance information.

If adequate information is not received to bill third party carriers, the patient's account will be SELF PAY. Patients will receive a letter from LGH requesting insurance information. This could result in delayed reimbursement and inconvenience to your patients.

7. **Children 17 and under** - a guarantor (responsible party) is always required even if the child is subscriber for insurance. Name, relationship to patient and address, if different than the patient, is required. A LGH statement is sent to this person.

8. **Worker's Compensation**

- Name and address of the employer must be supplied on the lab request; we cannot bill workman's comp without the employer information.
- Name and address of insurance company for worker's comp is required.
- Date of accident/injury is required, if at all possible.