

Please type-in the highlighted areas, print and and fax your form to:
 Berkeley HeartLab 800-599-1574

Benefits Investigation Request Form

Physician:

Office Contact Number:

Phone Number:

Email:

Fax:

Patient Information		Insurance Information	
Last Name		Subscriber ID#	
First Name, MI		Insurance Name	
DOB		Insurance Phone	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Payer Info Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagnostic Codes:

V 77.91

Notes:

APO-B, LDL-SGGE, HDL-SGGE, CRP, Glucose, Insulin, HgA1c,
 Fibrinogen, Homocysteine, Lp(a), Lipid Panel

As part of Berkeley HeartLab Patient Benefits Investigation program, BHL can estimate a patient's out-of-pocket expenses associated with their testing using the Benefits Investigation Request Form. The estimate will be sent to you, the health care provider, within three business days. We will hold the sample at the lab until we receive consent to perform the tests. The tests will not be performed without your consent. Once the specimen has been tested, test results will be reported to you within our standard turnaround times.

By sending the Benefits Investigation Request Form to BHL, you agree to deliver the information regarding out-of-pocket expenses to your patient. BHL will not be contacting the patient.

Please complete this form and send WITH the requisition and specimen.

If you have any questions, please contact [Billing Department](#) at 1-800-432-7889, Option 2.

*The Benefits Investigation Request Form can be found on our website at www.bhinc.com/about_insurance.php