



GENETIC COUNSELING BILLING FORM

PATIENT INFORMATION (Please print legibly/Escribir legible)

Form with fields for Name, Address, Phone, Social Security Number, City, State, Zip, Genetic Counselor, and Date of Appointment.

CLIENT INFORMATION

Client/Subclient: 320496/320497

BILLING/INSURANCE INFORMATION / INFORMACIÓN DE SEGURO PARA COBRO

(Complete Section 1 if you are paying by cash OR Section 2 to have your insurance company billed.) (Llenar sección 1 si pago es en dinero efectivo. Llenar sección 2 si quiere que su cuenta sea enviada a su seguro médico.)

Complex form with two sections: SECTION 1 (Physician or Institution, Medicare, Medicaid) and SECTION 2 (Insurance types, Authorization #, Billing address, etc.).

The charge for these services is separate from any other tests or procedures. I authorize Genzyme Genetics to furnish my designated insurance carrier any information concerning my services that is necessary for reimbursement.

Many insurance carriers will pay only for services they deem to be reasonable and necessary or a covered service. If my insurance carrier determines that a particular service is not reasonable and necessary, my insurance carrier may deny payment.

Signed _____ Dated _____

El cobro de estos servicios son aparte de cualquier otro examen o procedimiento. Yo autorizo que Genzyme Genetics supla a mi seguro médico de cualquier información que sea necesaria para reembolso.

Muchos seguros médicos solamente pagan por servicios que consideran razonables o necesarios. Si mi seguro determina que algún servicio en particular no es considerado razonable o necesario, mi seguro médico puede negar pago.

Firma _____ Fecha _____