quadrant laboratories

841 E Fayette St, Syracuse, NY 13210

Phone: (866) 240-4485. Fax: (315) 666-1379

Benefits Investigation Request

PATIENT INFORMATION

LEGAL FIRST NAME ____________________ LEGAL LAST NAME ____________________

DATE OF BIRTH (MM/DD/YYYY) ____________________

GENDER (if differs from biological sex at birth): MAN / WOMAN / NON-BINARY / SELF-DESCRIBED

BIOLOGICAL SEX (check one): MALE / FEMALE

GUARANTOR FIRST NAME ____________________ GUARANTOR LAST NAME ____________________

EMAIL ADDRESS (billing access) ____________________ PHONE NUMBER ____________________

ADDRESS

____
STREET ADDRESS

CITY ____________ STATE/PROVINCE ____________ ZIP/POSTAL CODE ____________ COUNTRY ____________

PROVIDER INFORMATION

ORDERING PROVIDER ____________________ NPI NUMBER ____________________

EMAIL ADDRESS ____________________ PHONE NUMBER ____________________

FAX NUMBER ____________________

TESTS REQUESTED ____________________

SEQUENCING ONLY / DEL/DUP ONLY / SEQ & DEL/DUP

ICD CODES ____________________

INSURANCE INFORMATION

PRIMARY INSURANCE PLAN/COMPANY
Insert name here

MEMBER ID ____________________

GROUP # ____________________

POLICY HOLDER NAME ____________________

RELATIONSHIP TO PATIENT ____________________

DATE OF BIRTH ____________________

SECONDARY INSURANCE PLAN/COMPANY
Insert name here

MEMBER ID ____________________

GROUP # ____________________

POLICY HOLDER NAME ____________________

RELATIONSHIP TO PATIENT ____________________

DATE OF BIRTH ____________________

ADDITIONAL INFORMATION

Please send this form via:

Fax at: (315) 666-1379 *or*

Email at: billing@quadrantlaboratories.com

Results of the insurance benefit investigations will be delivered via the guarantor's phone number listed above. Please ensure to list a good contact phone # and/or email for us to reach out once the results are complete.