



# Billing Change Request Form

To change the billing type, fax completed form to:  
**(217)757-7795**

Change Billing To:

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Insurance Bill

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Client Bill

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All Tests (Including Pathology)

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All Tests (Except Pathology)

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Only these tests:

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Client Name		
Person Submitting Information	Phone#	Date
Patient Name	Date of Birth	Sex
Date of Service	Ordering Provider	
Diagnosis		

Demographic sheet may be submitted in place of filling out this section of the Billing Change Request Form			
Patient Address	City	State	Zip
Insurance Carrier Name	Policy ID#	Group#	
Insurance Carrier Address	City	State	Zip
Subscriber Name	Subscriber Date of Birth	Patient Relationship to Subscriber (Circle One) Self   Spouse   Child   Other	

*Form must be completed for billing changes to be processed. Include medically necessary diagnosis for all test billed to the patient's insurance. Insufficient information will result in delay of the billing change request.*