

BILLING REQUIREMENTS

**** When completed, send this form with the sample or fax it to the Lysosomal Diseases Testing Laboratory at 215-955-9554 ****

Any questions, please call the laboratory at 215-955-1666

The Lysosomal Diseases Testing Laboratory at Jefferson Medical College of Thomas Jefferson University receives samples from around the world for diagnostic purposes. Very few laboratories have the qualifications or experience necessary to perform these studies. We must bill for our specialized services. Before we can proceed with testing on an individual, we require that precise billing information be provided with each sample. **NOTE: Due to the specialized nature of our testing and the fact that we are often out-of-state, we can not bill insurance companies.** We can either bill the institution sending us the sample or the patient or parents directly. Payments may be made in advance, and all checks can be made payable to **Jefferson Neurogenetics**. Visa and Mastercard are also acceptable forms of payment if the proper information is provided. Please complete the following billing information to accompany the sample.

Patient name _____ DOB _____

MR# _____ SS# _____

Referring Physician _____ Tel# _____

If the **INSTITUTION** is to be invoiced provide the correct address and contact information here:

If the **PATIENT/FAMILY** is to be invoiced provide the correct address and contact information here:

(Upon payment, you will receive a receipt that can be forwarded to your insurance carrier for reimbursement)

If credit or debit card (Visa or Mastercard only) is to be used provide information here:

Type of card _____ Card Number _____

Name on card _____ Exp Date _____