UW Medicine
CENTER FOR PRECISION DIAGNOSTICS

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PATIENT INSURANCE VERIFICATION FORM (PRE-AUTH FORM)

Instructions:

1. Fill in all boxes below. Submitting a copy of the patient's insurance card or filling in the insurance card information is required. 2. Fax the verification form to CPDx (206-685-7574) to initiate the pre-authorization process, or fax directly to the patient's insurer to determine eligibility for genetic testing. 3. If inquiring directly, re-contact the insurer regarding the status of the authorization. In some instances a letter of medical necessity may be requested or required. 4. Please contact Sheryle Stoddart, Pre-Authorization Specialist, at (206) 221-1274 or sheryw@uw.edu with any questions. Federal Tax ID/NPI: 91-1220843, 102 304 1159

PATIENT INFORMATION

Patient Last Name	Patient First Name	MI
Date of birth (MM/DD/YY)	Gender	
Patient Address	City, State, Zip	

PATIENT'S INSURANCE INFORMATION

(in lieu of filling out this section, you may copy the front and back of the patient's insurance card)

Subscriber Name	Relationship to Patient	Insurance Company (Co.) Group Name
Insurance Co. ID Number	Fax Number	Phone Number
Insurance Co. Address	Insurance Co. Address	City, State, Zip

REFERRING PHYSICIAN INFORMATION

Ordering Physician Name	Physician Address
NPI Number	Institution Name
Genetic Counselor Name	Physician Fax
Genetic Counselor Phone/Email	Physician Phone

Test Name(s) : Test CPT Code(s) *include all possible reflex tests		ICD Codes (if known) - specify all

Diagnosis: