

## Billing Adjustments

Please FAX this form to (605) 328-5453

*All Fields below are REQUIRED to process any changes*



Sanford Laboratories Account number as it appears on your bill: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Adjustment Requested by: (please PRINT legibly) \_\_\_\_\_

The Sanford Laboratories Billing Adjustment Form is used for two purposes: 1) to change Client Bill to Patient Bill or 2) to adjust charges due to discounted services that may not have been reflected on invoice. **Sanford Laboratories must receive adjustments within 90 days** of client receiving the invoice. *Charges will not be reversed beyond 90 days and the client will be liable for all charges.* Please include ALL requested information in order for the request to be processed. Call 800-522-2561, ext 85408 if you have any questions.

### MEDICARE, MEDICAID, AND PRIVATE INSURANCE ADJUSTMENTS (Please PRINT clearly)

E #	Patient's Name and Guarantor Name if patient is a child	Medicare # (if applicable)	Physician	Test	Diagnosis Code
Date of service	Street Address	Medicaid # (if applicable)		Test	Diagnosis Code
Patient Date of Birth	City	State	Zip	Test	Diagnosis Code
Other Insurance ID, Group #, Address			Other insurance Subscriber Name and Date of Birth		

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Date of service	Street Address	Medicaid # if applicable		Test	Diagnosis Code
Patient Date of Birth	City	State	Zip	Test	Diagnosis Code
Other Insurance ID, Group #, Address			Other insurance Subscriber Name and Date of Birth		

**Important:** To avoid needing to use the Billing Adjustment Form, please ensure all lab orders and/or requisitions are completed with all required billing information and the correct billing type is indicated.

Accounts Receivable  
 PO Box 5056  
 Sioux Falls, SD 57117-5056  
 605-328-5485, 800-522-2561, ext. 85485

# Billing Adjustments

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Patient Date of Birth	City	State	Zip	Test	Diagnosis Code
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Total Amount Credited \_\_\_\_\_

Total Amount Reversed \_\_\_\_\_

**Total Amount Credited refers to charges credited because of discounting**

**Total Amount Reversed refers to changing a Client Bill charge to a Patient Bill charge**