



ALCAT Insurance Coverage Form

When contacting your insurance company to pre-verify coverage for the Alcat test, you can use this worksheet to be sure you obtain complete and accurate information.

Call the number for member services on your insurance card and ask the following questions. Since individual benefit packages vary greatly, it is quite important that you determine the specific details of your policy to avoid being held responsible for an unexpected amount.

All fees for Alcat testing are collected at the time of service and any insurance reimbursement will be made directly to the patient.

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- (1) Does my policy have coverage for CPT code 83516? YES / NO
- (2) If yes, is there any limitation on the number of units that can be billed for this procedure within a certain time-frame? YES / NO
- (3) Does my policy provide out of network laboratory benefits? YES / NO
- a. If yes, do I have an out of network deductible? YES / NO
- b. If yes, how much is the out of network deductible? \$ _____
- c. If any portion has been fulfilled, what amount remains due? \$ _____
- (4) What percentage of the covered fee remains my responsibility? _____%

By acquiring this information, you should be able to estimate your approximate cost for the appropriate Alcat test panel if billed to your insurance company.

You must have "out of network" benefits and CPT code 83516 must be covered to receive insurance coverage for the Alcat test.