



Clinical Lab Questionnaire Form



In accordance with S6111 or OBRA of 1989, a referring laboratory can bill for tests performed by a reference laboratory only if it meets one of the following exceptions:

Option 1:

If you wish to bill under the first exception, you must provide the name and subsidiary relationship of your referral laboratories. Please furnish documentation supporting one (1) of the three conditions (A, B, C) of the first exception listed. All information you provide is subject to subsequent review and validation.

Option 2:

To qualify for the second exception, no more than thirty (30) percent of the clinical diagnostic tests for which the laboratory is required to do annually may be performed by a reference laboratory (other than an ownership-related laboratory).

For laboratories who wish to qualify under the second exception, please inform us in writing that your referral work will not exceed thirty (30) percent of your total tests to be billed in any given calendar year.

1. The referring and reference laboratories are ownership related. That is:

- A. The referring laboratory is wholly-owned by the reference laboratory; or
- B. The referring laboratory wholly owns the reference laboratory or:
- C. Both the referring laboratory and the reference laboratory are wholly-owned subsidiaries of the same entity.

Do any of these situations apply to your laboratory? Yes
No

2. No more than thirty (30) percent of the clinical diagnostic laboratory tests for which the referring laboratory receives requests annually may be performed by another laboratory, other than an ownership related laboratory described.

Do any of these situations apply to your laboratory? Yes
No

Please remember that you are not required to bill for tests performed by a reference laboratory since the latter laboratory may bill for its own work. However, if you desire to bill for referred work, you must meet one of the exceptions outlined in this form and you must inform First Coast, to the extent described below, that you need such exception.

If your laboratory is affiliated with other laboratories that are separately certified, please supply a listing with the name(s), address(es), CLIA number(s) and EIN(s) of these entities.

Please have the authorized official sign and date this form to attest to the information given.

Provider Transaction Access Number (PTAN)

National Provider Identifier (NPI)

Authorized Official's Signature

Date

Please print and return the form and supporting documents via mail or fax.

Mail to:

First Coast Service Options, Inc. JN Provider Enrollment P.O. Box 3409 Mechanicsburg, PA 17055-1849

Or

Fax to:

904-361-0737

Provider Enrollment information is located on the enrollment page of our website: <https://medicare.fcso.com/enrollment>. You may also contact us for additional support. Representatives are available Monday – Friday, 8 a.m. – 4 p.m. ET. For enrollment-related questions, contact our Provider Enrollment service line at 888-845-8614. For general questions regarding Medicare, contact our Part B Provider Contact Center: Florida / U.S. Virgin Islands: 866-454-9007 or Puerto Rico: 877-715-1921.