MERIDIAN LABORATORY CORPORATION

9800-B Twin Lakes Parkway
Charlotte, North Carolina 28269
www.MeridianLaboratory.com
866-992-0708 **Phone** | 704-992-0737 **Fax**

Assignment of Benefits

I request that payment of authorized Medicare or other insurance benefits be made to Meridian Laboratory Corporation for any and all laboratory services furnished to me by Meridian. I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related services.

Patient Signature_____ Date_____

Patient Information

Name_____ Social Security #_____

Address_____ City_____ State_____ Zip_____

Phone_____ Date of Birth_____ Sex_____

First Dialysis Treatment Date_____ Patient's Physician_____

Clinic Name_____ Unit / Medical Record #_____

Treatment Method (*circle one*) Hemo CAPD CCPD

This patient resides at a Skilled Nursing Facility or Nursing Home? (*circle one*) YES NO

Insurance Information

Primary

Provider_____ Policy Type_____ Group#_____

Address_____ Phone_____

Policy #_____ Name of Insured_____

Effective Date_____ Relationship to Patient_____

Secondary

Provider_____ Policy Type_____ Group#_____

Address_____ Phone_____

Policy #_____ Name of Insured_____

Effective Date_____ Relationship to Patient_____