

Bedford Research Foundation
PO Box 1028 Bedford, MA 01730
(617) 623-7447 info@bedfordresearch.org

INSURANCE REIMBURSEMENT INFORMATION

We do no third party billing; we do not submit bills to insurance companies to protect your confidentiality. However, for your convenience, we will provide the Health Insurance Claim Form. The form may be used for the billable tests included in our kits or for blood tests.

You must pay us directly (check or money order) for testing and services. You may then request reimbursement by completing and submitting the *Health Insurance Claim Form* to your insurance company. Complete sections 1 - 13. If applicable, have your doctor fill in 14-18.

For the *Live Semen Transport Kit, Prostatitis Kit, Vasectomy Check Kit, and Fixed Semen Cytology Kit* use the Health Insurance Claim Form marked *Male Infertility* at the top. Write in the date you sent (or dropped-off) your kit in section 24 A, numbers 1-3. For the *Live Semen Transport Kit*, the total for column F is already filled in section 28. All other kits please refer to your invoice for this amount and for the numbers in the column marked "CPT/HCPCS". Since you will have already paid Duncan Holly Biomedical for your tests, fill the same amount into section 29 and put a zero in section 30.

For **blood tests**, use the Health Insurance Claim Form marked *Hormone Tests* at the top. Refer to the line items marked *Estradiol, Progesterone, LH, or hCG* on your invoice to fill in sections 24 A-F.

- For section 24 A, use the *Date of Specimen* from your invoice.
- For section 24 D, use the number (CPT code) next to *Estradiol, Progesterone, LH, or hCG* on your invoice (leave the *Modifier* column empty).
- For section 24 E, fill in the Diagnosis Code 628.9 for each blood test.
- For section 24 F, use the appropriate *Unit Price* from your invoice.
- Fill in the total for column F in section 28. Since you will have already paid Duncan Holly Biomedical for your tests, fill the same amount into section 29 and put a zero in section 30.

Please send the enclosed *Test Descriptors and Billing Codes* to your insurance company with the *Health Insurance Claim Form*.