



RNJ Services D/B/A Premier Medical Laboratory, Inc.
35-37 Progress Street, Suite A-2, Edison, NJ 08820
Phone: 908-754-4300 · Fax: 908-754-4301

Out-Of-Network Provider Services Acknowledgement Form For Blue Cross and Blue Shield Insurance.

I, _____, requested the COVID-19 testing of the following healthcare provider, Premier Medical Laboratory, whom I have been advised is an "Out-of-Network" provider with my insurance plan.

Premier Medical Laboratory, will be submitting your claim to your insurance carrier for laboratory tests performed for the COVID -19 testing. Please be advised that if your insurance doesn't remit payment to us, you will be responsible for the claim.

I Acknowledge that while my insurance may confirm my benefits, confirmation of coverage is not a guarantee of payment. I have been informed by Premier Medical Laboratory, check(s) from my Insurance company Blue Cross and Blue Shield may be sent directly to me. I agree to endorse these check(s) on the back and mail or bring them to the Premier Medical Laboratory office.

I understand it is my responsibility to immediately forward payment to Premier Medical Laboratory. If I fail to forward the check(s) within 30 days, I understand that the bill will be sent to collections for the full claim amount.

If you refuse to provide the information below, you are required to pre-pay \$100 per person and you will be responsible for the balance if your insurance payment is higher.

SS#: _____ - _____ - _____

Place of Employment: _____

Signature: _____

Date: _____