

LDT attestation form

Laboratory Developed Test (LDT) requests may be submitted at HumanaMilitary.com/ProvSelfService. Please include all information or complete and fax this form to (877) 548-1547. Form will need to be attached to requests submitted online.

Patient name: _____

DOB (mm-dd-yyyy): _____ **TRICARE ID:** _____

Sponsor address: _____

Other Health Insurance (OHI): Yes No **Carrier:** _____

Policy #: _____ **Phone:** _____

Date of service (if known; mm-dd-yyyy): _____

Point of contact: _____

Ordering provider and title: _____

NPI: _____ **Phone:** _____

Laboratory rendering: _____

Address: _____

NPI: _____ **Phone:** _____

Does the laboratory have Clinical Laboratory Improvement Amendments (CLIA) accreditation or certificate of compliance? Yes No

CLIA #: _____

Test name(s): _____

Diagnosis code(s): _____

Procedures or HCPC code(s): _____

Has the beneficiary received counseling regarding the requested test(s): Yes No

I attest the beneficiary meets the criteria listed in the [LDT chart](#): Yes No

I attest the information provided on this form is accurate and complete to the best of my knowledge: Yes No

Ordering provider signature: _____ **Date:** _____



This request is subject to a routine audit by Humana Military or designee, which may include a request for medical documentation to verify the accuracy of the information provided on this document.