

PATIENT REGISTRATION FORM

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Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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FAX: 734.936.0755

Patient Name: Last	First	MI
Street Address:		
City	State	Zip Code
Birthdate:	Sex: OM OF	
Patient or Parent/Guardian Phone Number:		
Physician Name:		

INSURANCE INFORMATION

Today's Date

Check here if you have filled out this form within the last six months and your insurance has not changed.

If you have not previously filled out this form or if any information has changed in the past six months, please complete all required information below so that we can successfully bill the patient's Insurance. Otherwise, the patient will be billed.

GUARANTOR/RESPONSIBLE PARTY INFORMATION

Complete for the person responsible for the bill if other than the patient. This information is required for patients under age 18.

Guarantor Name: Last First MI: Date of Birth:

Guarantor Address: Same as Patient

Street Address:

City: State: Zip Code:

PRIMARY INSURANCE

Name of Insurance: Effective Date:

Policy Number: Group Number:

Union Local Number and/or Employer Name:

Policy Holder's Name:

Policy Holder's Date of Birth: Policy Holder's Relationship to Patient:

SECONDARY INSURANCE

Name of Insurance: Effective Date:

Policy Number: Group Number:

Union Local Number and/or Employer Name:

Policy Holder's Name:

Policy Holder's Date of Birth: Policy Holder's Relationship to Patient:

Patient demographics are necessary for MLabs to successfully bill the third party payor.
Please submit this completed form with the specimen or fax to MLabs at 734.936.0755.

For more information on how to complete this form, please call us at 800.862.7284