



IDAHO DEPARTMENT OF HEALTH & WELFARE  
**DIVISION OF PUBLIC HEALTH**

**Diagnostic Test Billing Form\***

IDAHO BUREAU OF LABORATORIES  
 2220 Old Penitentiary Road  
 Boise, Idaho 83712 (208) 334-2235

Date of Service: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Patient Address: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Provider: \_\_\_\_\_ NPI: \_\_\_\_\_

BILLING TYPE:

1. Public Health District Bill: please select district #: 1 2 3 4 5 6 7

2. Medicaid Billing – please provide Medicaid # \_\_\_\_\_

3. Third-party Insurance Billing:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

**Tests to Bill: (check all tests ordered)**

VDRL (Syphilis screening) – CPT 86592		Rubeola IgG Antibody – CPT 86765	
Hepatitis B Surface Antibody – CPT 86706		Varicella Zoster IgG Antibody – CPT 86787	
Hepatitis B Surface Antigen - CPT 87340		Bordetella pertussis PCR – CPT 87798	
Hepatitis B Core Total Antibody – CPT 86704		Measles RT-PCR – CPT 87798	
Mumps IgG Antibody – CPT 86735		Mumps RT-PCR – CPT 87798	
Rubella IgG Antibody – CPT 86762		Other, please specify:	

Label Option: Please affix the label in the box below. Labels must provide all the demographic and billing information requested above. Please fill in any missing label information on this form.