



## MD Labs 2021 Referring Provider Annual Notice Provider Acknowledgement Form

### ACKNOWLEDGEMENT OF RECEIPT OF INDIVIDUAL PROVIDER SIGNATURE FORM

«Company\_Name»  
«address\_line\_1»  
«address\_line\_2»  
«city», «state» «zip»

I acknowledge receipt of and have read MD Labs *Referring Provider Annual Notice*. Should I have any questions, I will contact our MD Labs account representative immediately. Additionally, I will provide the appropriate diagnosis codes (ICD-10) to the highest level of specificity on each order, to support medical necessity of the tests ordered. Additionally, I will have documentation to support the medical necessity records in the patient's medical chart. I understand the Office of the Inspector General requires such documentation in the patient's medical record including date of service, tests ordered, and documentation to support medical necessity. I agree to promptly comply with any request for medical documentation required to adjudicate the MD Labs claims.

I understand that my cooperation is a legal requirement as outlined in the Social Security Act. The law governing Medicare Section 1842(p)(4) of the Act mandates that:

*In case of an item or service...ordered by a physician or practitioner...but furnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or service to provide diagnostic and or other medical information in order for payment to be made to the entity, the physician or practitioner shall provide that information to the entity at the time the item or service is ordered by the physician or practitioner.*



Failure to sign and return this Acknowledgement of Receipt does not constitute disagreement of its contents. I understand that I am still responsible under the Social Security Act law governing Medicare Section 1842(p)(4) to abide by all legal requirements when ordering laboratory testing from MD Labs.

**If additional sheets are needed, please copy this sheet. Thank you!**

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send signed form to MD Labs at:**

- Email to [BillingQuestions@mdlabs.com](mailto:BillingQuestions@mdlabs.com), or
- FAX to **775-737-9133**, Attn: Compliance, or
- Mail to MD Labs 10715 Double R Blvd, Ste. 102, Reno, NV 89521 Attn: Compliance
- Or, include the signed form in your next specimen lab shipment sent to MD Labs