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Request for Diagnostic Testing

For certain insurances and certain diagnostic procedures we must request approval from your insurance company. Our office will directly contact the insurance company to verify coverage and request approval for the procedure. Each insurance carrier has its own rules and regulations regarding the approval process. If you are an HMO patient (Hill Physicians, Affinity, Alta Bates Medical Group, Sutter East Bay Medical Group or Tri-West) you will receive authorization confirmation by mail. We are not able to schedule any procedures until such authorization has been obtained. Some insurances authorizations can take up to three weeks for complete processing.

It is important to understand that the information that we supply is to verify medical necessity for the procedure according to insurance company rules and regulations. ***This in itself does not guarantee payment by the insurance company.*** Details on the extent of coverage for various hospital and diagnostic procedures are to be found in your insurance policy. You will be responsible for any charges that are not covered by your insurance, including co-payments and deductibles.

PLEASE NOTE: We make every effort to send you to a contacted facility; however it is the patient's responsibility to know insurance benefits and contracted facilities. If your policy requires, confirm with your insurance carrier that requested services are being performed by a Preferred Network Provider and Facility prior to scheduling any appointments for service.

Once approval has been obtained, our office will contact you with instructions on how to schedule the test at your convenience. Once the test is scheduled, call our office for an appointment a few days after the procedure to discuss results with the doctor. We are not able to discuss and give out lab results over the telephone.