

# Laboratory Developed Test (LDT) attestation form

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Laboratory Developed Test (LDT) requests may be submitted at [HumanaMilitary.com/ProvSelfService](http://HumanaMilitary.com/ProvSelfService). Please complete this form in its entirety. 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.