



Attestation Form – Nonparticipating Qualified Laboratory

**This Attestation Form must accompany each claim submitted by the Nonparticipating Qualified Laboratory. Failure to submit the Attestation Form will result in denial of the claim (see submittal instructions below).**

**Part I: Organizational Information**

Company Name: \_\_\_\_\_

TAX ID: \_\_\_\_\_

Claim No.: \_\_\_\_\_

**Part II: Certification Information**

Attach a certification AND initial that the qualified laboratory meets all of the following:

1. Accreditation by the College of American Pathologists; and \_\_\_\_ (initial)
2. Approved by the New York Clinical Laboratory Evaluation Program \_\_\_\_ (initial)

**Part III: Services Performed**

Ordering Practitioner Name: \_\_\_\_\_

TAX ID: \_\_\_\_\_

NPI No.: \_\_\_\_\_

Initial that the qualified lab meets all of the following:

1. Indication that the qualified laboratory is providing services and is billing as a qualified laboratory \_\_\_\_ (initial)
2. Toxicology test results were sent to the referring health care provider within 2 business days of receipt of the test specimen \_\_\_\_ (initial)
3. The CareSource Drug Testing policies have been followed \_\_\_\_ (initial)

**I DECLARE UNDER PENALTIES OF FALSIFICATION THAT THE ANSWERS AND ATTACHMENTS PROVIDED WITH THIS FORM AND SUBMITTED TO CARESOURCE ARE TRUE, CORRECT AND COMPLETE**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Initial      Printed Signature      Date**

**Submittal Instructions:** Please email the completed form to [UDT\\_Attest@caresource.com](mailto:UDT_Attest@caresource.com) as an attachment. The form *must contain all information requested*; and the associated *claim number must be in the Subject line of the email*.