Laboratory Developed Test (LDT) attestation form

Laboratory Developed Test (LDT) requests may be submitted at HumanaMilitary.com/ProvSelfService. Please complete this form in its entirety. Form will need to be attached to requests submitted online.

Patient first name: _____ Middle initial: _____ Last name: _____

Date of birth (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 of certificate compliance? ☐ Yes ☐ No

CLIA #:	_____	_____	_____	_____	_____	_____	_____
Test name(s):	_____	_____	_____	_____	_____	_____	_____
Diagnosis code(s):	_____	_____	_____	_____	_____	_____	_____
Procedure 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: _____

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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