



### Clinical Laboratory Improvement Amendment Certification Verification Form

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to ensure quality laboratory testing. All clinical laboratories must be properly certified to receive Medicare or Medicaid payments.

Date: \_\_\_\_\_

Name of Provider/Facility: \_\_\_\_\_

Federal Tax ID (EIN): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Does the Provider/Facility bill for laboratory services in the office?

Yes  No  N/A

*N/A only applies to: DME, PT, ST, OT, NP, SLP and Dieticians.*

Do you have a current CLIA certification?

Yes  No  N/A

*N/A only applies to: DME, PT, ST, OT, NP, SLP and Dieticians.*

CLIA Certification ID Number: \_\_\_\_\_

CLIA Certificate Effective Date: \_\_\_\_\_

CLIA Certificate Expiration Date: \_\_\_\_\_

**\*\*\*Attach a legible copy of your CLIA certificate.**

Contact Person at Applicant's Office: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

----- This section is to be completed by the BlueCross BlueShield of South Carolina credentialing staff. -----

BCBSSC Credentialing Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_