



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: _____