



# CalPERS Gold and Platinum PPO Laboratory Location Exception Form

Email completed form to [CalPERSClaims@blueshieldca.com](mailto:CalPERSClaims@blueshieldca.com). For assistance completing this form, call **Included Health at (855) 633-4436**. If you live within the PERS Gold or Platinum Basic PPO service area but must travel more than 15 miles from your home or work to the nearest Quest Diagnostics or Labcorp facility, you can go to a different in-network lab and be covered at 100%. To receive this level of coverage, please complete this Laboratory Location Exception form before receiving services.

## Important instructions

- Submit form at least **five days** prior to services being rendered.
- Once submitted, this lab exception form is valid for one year from the date the form was submitted.
- Use a separate form for:
  - Each member of the family.
  - Each different provider of service.
- Print or type your responses in the spaces below.
- Fill in all items completely. All fields are required.
- Sign your name in the space provided.
- **Errors on this form may result in your claim being delayed or denied.**

## Member/patient information

First name	Last name	
Member ID number	Date of birth	
Street address		
City	State	ZIP code

## Laboratory/provider information

Name of laboratory to be used	Anticipated date of first service	
Address		
City	State	ZIP code
Phone number	Tax ID and/or NPI (required)	

## Member or legal guardian signature

By submitting this form, I am certifying that a Labcorp or Quest Diagnostics is not available within 15 miles of my home or work address.

I certify that the above information is accurate and complete, and authorize the release of any medical information necessary to process this claim.

Signature (written or typed)	Date
Print name	Relation to member