

CREDIT CARD AUTHORIZATION

(TO BE FILLED OUT BY THE PATIENT/CARD HOLDER)

Completing this form authorizes RealTime Laboratories, Inc.(RTL) to charge the following credit card for services and/or purchases at RTL until the card owner notifies RTL that the authorization is no longer valid. The charge will be in U.S. dollars. I accept responsibility for payment of all charges incurred and placed on this credit card by RealTime Laboratories, INC.

Bill to Name as it appears on the credit card: (PRINTED):

_____ (PHONE): _____ - _____ - _____

Patients Name: __ Same as above __ Other:

Last _____ (PRINTED) First _____ (PRINTED)

Credit Card: Visa / MasterCard / American Express / Discover / Health Savings Account

Number: _____ **Expiration Date:** _____ / _____
(Month) (Year)

Credit Card billing address: (PRINTED)

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code _____ Country: _____

I understand that all test(s) must be PREPAID:

- | | |
|---|--|
| <input type="checkbox"/> Mycotoxin Test \$699 | <input type="checkbox"/> Follow-up Mycotoxin Test: \$249 |
| <input type="checkbox"/> Other test# _____ \$ _____ | <input type="checkbox"/> Insurance Filing Fee \$30 |

*We are unable to send emails containing private health information without written consent by the patient/responsible party. If you would like your paid receipt/invoice emailed to you please request by adding your email here: _____.

Authorization Signature: _____ **Date:** _____

TO BE COMPLETED BY REALTIME LAB PERSONNEL

DATE: _____ **PERSONNEL INITIALS:** _____ **RTL ACCESION#** _____



NOTES: _____

RealTime Laboratories will file a reimbursement claim with your insurance provider on your behalf. If you would like to add this service, please read the checklist of information below and authorize insurance billing.

CHECKLIST TO REVIEW

- Provide Copy of Insurance card (front and back)
- Provide Copy of Picture Identification for Patient (If not a minor)
- Provide Copy of Picture Identification for Primary Insured
- Provide Primary Insured Date of Birth (if not already on Identification card) Authorize \$30 filing fee

Traditional Medicare patients **DO NOT** pay \$30 fee

- Please provide a copy of you Medicare Card and picture ID

Tricare patients **DO NOT** pay \$30 fee

- RealTime Laboratories is a Tricare Authorized Provider and will take assignment for the claim in most cases.
- In certain instances where claim assignment is not assumed by RealTime Laboratories beneficiary will be asked to complete a Non-Covered Services Waiver and a credit card authorization form.

If any of the above information is omitted or not legible, the insurance claim will not be filed on your behalf. We will notify you by phone or email of any missing required information, if no response within 48 hours your insurance filing will be your responsibility, and the \$30 fee will be credited back to your account.

