REALTIME LABORATORIES INC.
Cutting edge. Breaking barriers.

Date:_____

To: Current and Prospective Medical Care-Giver Clients of RealTime Laboratories

Dear Provider:

In an on-going Quality Assurance program at RealTime Laboratories, Inc., and to remain in compliance with HIPAA, College of American Pathology, and CLIA regulations, we are required to maintain a copy of the medical provider's name, address, phone number, and current license number in the state in which he/she is licensed. Please provide the required information in the attached form and return it within 5 working days. We cannot provide testing services without the completed "RTL Provider Information Request" form, and a copy of the medical provider's current medical license and NPI #.

Please note that the medical provider's practice address, listed on the NPI Registry, must match the current practice address we have on file. If the addresses do not match, we are not able to file insurance claims for the provider's patients. Call 1 -800-465-3203 or visit https://nppes.cms.hhs.gov/NPPES/Welcome.do to make any needed corrections.

Respectfully,

Management, RealTime Laboratories, Inc.

P 972.492.0419
F 972.243.7759

4100 Fairway Court, Suite 600
Carrollton, TX 75010

CAP #7210193 CLIA #: 45D1051736

www.RealTimeLab.com

Required to have signature on file for all providers of RealTime Lab

Please email completed paperwork and license to kits@realtimelab.com or Fax to 972-243-7759.

Date:_____

Name of Licensed Care Giver:_____

Practice Name: _____

Practice Address (Zip + 4required): _____

CITY_____**State**_____**ZIP**_____

NPI #: _____**Taxonomy #**_____

License # (A current copy of the State license MUST be included) _____

Contact Phone Number (s):_____

Fax Number: _____

**** An EMAIL ADDRESS MUST be provided to receive all patient test results. ****

Email (To Access Patient Results through the Physician Portal)_____

Email (for correspondence)_____

How did you hear about our laboratory? _____

Are you a MEDICARE Provider? _____YES _____NO

PATIENT REFERRAL SERVICE: RTL receives calls every day from potential new patients who would like to talk to a doctor about mold related illness. May we have your permission to give potential new patients your contact information?
Yes, refer patients to me. _____ **No**, do not refer patients to me. _____

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REFERRING (ORDERING) PHYSICIANS SIGNATURE "ON FILE"

REQUEST FORM

(RTL 10.7 MMM)

Please keep my signature (Below) "ON FILE" at:

RealTime Laboratories, Inc., Carrollton, TX.

This signature can only be used for attachment to any RTL requisition in which Mycotoxin Testing is ordered (Single mycotoxins or a Panel).

I do not authorize this signature to be used for any other purpose (i.e. authorization of tests other that mycotoxin testing).

I understand this signature will be kept on file as long as I am able to order lab tests from RTL and maintain my license in the State I am practicing in.

I also understand that I can only cancel this "on File" request if such cancellation is in writing to RTL.

Licensed Care Giver **Date of Authorization**

Please return to RTL by faxing to: 972-492-0729

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