REALTIME
LABORATORIES INC.
Cutting edge. Breaking barriers.

Check One

- ☐ Doctor Pay
- ☐ Patient Pay
- ☐ Medicare - Sign ABN on Page 2
- ☐ Tricare
- ☐ Insurance

Specimen Type

- ☐ Urine = U
- ☐ Blood
  - ☐ Serum Separator Tube = SST
  - ☐ Lavender Top (EDTA) = LAV
  - ☐ Yellow Top (ACD, Solution B)=YEL
- ☐ Tissue = T
- ☐ Tissue Source ________________
- ☐ Swab
  - ☐ Nasal Swab = NS
  - ☐ Buccal Swab = BS
  - ☐ Vaginal Swab = VS

Patient

Frozen?
☐ Yes ☐ No Date Frozen:_____/_____/_____ Date Sent:_____/_____/_____

Patient's Name (Last, First, MI)	Sex ☐ Male ☐ Female	Date of Birth MO DAY YR

Collection Date	Collection Time	Is this a follow-up test? ☐ Yes ☐ No

Patient's Phone:	Patient Email:

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
Medicare Patients Must Complete and Sign ABN on Page 2

I hereby authorize payment directly to RealTime Laboratories, Inc. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.

Patient Signature: Date:

Physician

Physician's Name (Last, First)	Physician's Signature X________________

NPI	Diagnosis/Signs/Symptoms in ICD Format (Highest Specificity) REQUIRED

MYCOTOXIN TESTS by ELISA — TYPE

- ☐ **E8400 MYCO16 Panel (16 Mycotoxins)** — U
  (E8501, E8502, E8503, E8510, E8512)
- ☐ **E8501 Ochratoxin (1 Mycotoxin)** — U/NS/BAL
  (OCHRATOXIN A)
- ☐ **E8502 Aflatoxin Group (4 Mycotoxins)** — U/NS/BAL
  AFLATOXIN B1, AFLATOXIN B2
  AFLATOXIN G1, AFLATOXIN G2
- ☐ **E8503 Trichothecene Group (9 Mycotoxins)** — U/NS/BAL
  SATRATOXIN G, RORIDIN H
  SATRATOXIN H, RORIDIN L-2
  ISOSATRATOXIN F, VERRUCARIN A
  RORIDIN A, VERRUCARIN J
  RORIDIN E
- ☐ **E8510 Gliotoxin** — U
- ☐ **E8512 Zearalenone** — U

IMMUNOLOGY-SERUM — TYPE

- ☐ **P5114 Mold Panel IgE** — SST
  Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium, Stachybotrys
- ☐ **P5115 Mold Panel IgG** — SST
  Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium, Stachybotrys

MYCOTOXIN TISSUE TESTS — TYPE

- ☐ **E8400 MYCO16 Panel (16 Mycotoxins)**
- ☐ Tissue Type (Fresh)
- ☐ Tissue Type (In Block)

FUNGAL DNA TESTING by REALTIME PCR — TYPE

- ☐ **M8605 Aspergillus Panel** — LAV/T/NS/BS
  M8601 A. niger
  M8602 A. flavus
  M8603 A. fumigatus
  M8604 A. terreus
- ☐ **M8617 Candida Panel** — U/VS
  M8613 C. albicans
  M8614 C. krusei
  M8615 C. glabrata
  M8616 C. tropicalis
  M8618 C. parapsilosis
  M8619 C. auris

OTHERS — TYPE
Please Write Test and Type

________________ ______
________________ ______
________________ ______
________________ ______
________________ ______

RealTime Lab Use Only

Received Date:_____/_____/_____ Time:_____:_____ am pm Carrier: ☐ UPS ☐ FedEx ☐ USPS ☐ Other:__________

RTL Personnel:__________ Requisition Complete? ☐ Yes ☐ No Payment: ☐ Credit Card ☐ Check ☐ Doctor

Notes: ______________________ ☐ Other:__________

4100 Fairway Dr., #600, Carrollton, TX 75010 • Phone: 972-492-0419 Fax: 972-243-7759 / 972-492-0729
Website: www.realtimelab.com • CLIA: 45D1051736 • Tax ID#: 45-0669342 • CAP # 7210193

REALTIME LABORATORIES, INC
4100 FAIRWAY COURT, #600 CARROLLTON, TX 75010
(972) 492-0419

A. Notifier:

B. Patient Name:

PATIENT NAME (Exactly as printed on Medicare Card) **PATIENT DOB:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for lab tests below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the lab tests below.

Checked Lab Tests Only	☐ **MYCO15 Panel E8400 $699** ☐ **Ochratoxin A E8501 $250** ☐ **Aflatoxin Group E8502 $250** ☐ **Trichothecene Group E8503 $250** ☐ **Gliotoxin Derivative Test E8510 $250** ☐ **MYCO15 Panel E8400 Follow Up $249** ☐ **Mold Panel, IgG P5115 $169** ☐ **Mold Panel, IgE P5114 $169** ☐ **Aspergillus Species / Target M8605 $320** ☐ **Candida Species/ Target M8617 $480** **Other:**_______________
Reason Medicare May Not Pay	**Your Referring Provider may not have provided a diagnosis that supports medical necessity according to Medicare Coverage Policies and/or the repeat laboratory tests may exceed frequency limitations set by Medicare.**
Estimated Cost	

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the laboratory tests listed above.

  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the laboratory tests listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the laboratory tests listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the laboratory tests listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	**J. Date:**

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