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.

Patient's Name: _____

Bill to Name as it appears on the credit card: (PRINTED): _____(PHONE): ____ - ____ - _____

Last_____ First_____

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 tests must be PREPAID:

- ❑ Mycotoxin Test $399
- ❑ Other test#_____ $_____
- ❑ Follow-up Mycotoxin Test: $249
- ❑ Insurance Filling 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 LABORATORY PERSONNEL

DATE:_____ **PERSONNEL INITIALS:**_____ **RTL ACCESSION#**_____ __

1.972.492.0419 INFO@REALTIMELAB.COM
4100 FAIRWAY CT. SUITE 600, CARROLLTON, TEXAS 75010.

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, Non-Network Provider and will submit claim on behalf of the patient directly to Tricare
- ❑ Please provide your Tricare Benefits Card along with the date of birth of the primary insured; Payment for testing must be pre-paid according to allowable charges. As a Non-Network provider there will be an additional fee not to exceed 115% of Tricare allowable rates.

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 filing will be your responsibility, and the $30 fee will be credited back to your account.

REALTIME LABORATORIES INC.

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