



348580

Patient

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

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
<input type="checkbox"/> E8400 MYCO16 Panel (16 Mycotoxins) (E8501, E8502, E8503, E8510, E8512)	U
<input type="checkbox"/> E8501 Ochratoxin (1 Mycotoxin) (OCHRATOXIN A)	U/NS
<input type="checkbox"/> E8502 Aflatoxin Group (4 Mycotoxins) AFLATOXIN B1, AFLATOXIN B2 AFLATOXIN G1, AFLATOXIN G2	U/NS
<input type="checkbox"/> E8503 Trichothecene Group (9 Mycotoxins) SATRATOXIN G SATRATOXIN H RORIDIN L-2 ISOSATRATOXIN F RORIDIN H RORIDIN A VERRUCARIN A RORIDIN E4 VERRUCARIN J	U/NS
<input type="checkbox"/> E8510 Gliotoxin	U
<input type="checkbox"/> E8512 Zearalenone	U

IMMUNOLOGY-SERUM	TYPE
<input type="checkbox"/> P5114 Mold Panel IgE SST Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium	
<input type="checkbox"/> P5115 Mold Panel IgG SST Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium	

MYCOTOXIN TISSUE TESTS	TYPE
<input type="checkbox"/> E8400 MYCO16 Panel (16 Mycotoxins)	
<input type="checkbox"/> Tissue Type (Fresh)	
<input type="checkbox"/> Tissue Type (In Block)	

FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel LAV/T/NS/BS M8601 A. niger M8602 A. flavus M8603 A. fumigatus M8604 A. terreus	
<input type="checkbox"/> M8617 Candida Panel U 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: _____



348580

(A) Notifier: RealTime Laboratories, Inc. 4100 Fairway Ct, #600 Carrollton, TX 75010 972-492-0419

(B) Patient Name:

(C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for (D) Laboratory Test 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 (D) Laboratory Test below.

(D) Laboratory Tests	<input type="checkbox"/> MYCO16 Panel E8400 \$399 <input type="checkbox"/> Ochratoxin A E8501 \$250 <input type="checkbox"/> Aflatoxin Group E8502 \$250 <input type="checkbox"/> Trichothecene Group E8503 \$250 <input type="checkbox"/> Gliotoxin Derivative Test E8510 \$250 <input type="checkbox"/> Zearalenone Test E8512 \$250	<input type="checkbox"/> MYCO16 Panel E8400 Follow Up \$249 <input type="checkbox"/> Mold Panel, IgG P5115 \$169 <input type="checkbox"/> Mold Panel, IgE P5114 \$169 <input type="checkbox"/> Aspergillus Species / Target M8605 \$320 <input type="checkbox"/> Candida Species/ Target M8617 \$480 Other: _____
(E) Reason Medicare May Not Pay:	Your referring provider may not provided a diagnosis that supports medical necessity according to Medicare Coverage Policies and the repeat laboratory testings may exceed frequency limitations set by Medicare	
(F) Estimated Cost		

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any question 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 (D) Laboratory Test 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 (D) Laboratory Test 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 (D) Laboratory Test 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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