CREDIT CARD PAYMENT FORM



You can find your Accession ID here.

225000

(TO BE FILLED OUT BY PATIENT/CARD HOLDER)

Paying Online? See instructions below

- Find the Accession ID on the requisition form in the test kit (see image)
 - o Go to www.realtimelab.com/payment-portal/
 - o Enter the Accession ID, first name, last name, date of birth

Paying by Credit Card? See instructions below

- Please fill out all the information shown below in the credit card form.
 - You will need the Accession ID on the requisition form found in the test kit box.

ACCESSION ID:							
	CRE	DIT CARD II	NFORMA	TION			
Completing this form authorizes RealTime Laboratories (RTL) to charge the following credit Patient Name (please print):				edit card for s			
Bill To name as it appears o	on the	credit card (plea	se print):				
Credit Card Type :	ISA	MASTERCARD	AMEX	DISCO	VER	HEALTH SAVINGS ACCOUNT	
Credit Card Number: Exp Date:							
Credit Card Billing Address	(please	e print)					
Address: Address:							
City:							
			•			•	
I understand that all test	ts must i	be PREPAID					
Credit Card Authorization Sig	nature:					Date:	
*We are unable to send emails co <u>If you would like your paid receip</u>							
Authorization Signature:							
	TEST:	S (Please chec	k all tests	all that	<u>app</u>	<u>ly):</u>	
E8400 - Mycotoxin Panel: \$39	99	E8400F - Mycotox	in Panel Follow	₇ -Up: \$249		B4000 - Urinary Tract Infection: \$350	
		P1001 - Glyp	hosate Exposu	re Analysis:	\$129		
OA100 - Organic Acids Profi	le (OAP):	\$180		EP100) - Envi	ronmental Pollutant Profile (EPP): \$12	
		со	MBOS				
RTL Tox Complete: \$549					RTL Tox Complete Plus: \$599		
E8400 - Mycotoxin Panel OA400 Organia Asida Profile (OAP)				 E8400 - Mycotoxin Panel OA100 -Organic Acids Profile (OAP) 			
 OA100 -Organic Acids Profile (OAP) EP100 - Environmental Pollutant Profile (EPP) 				•	EP100 - Environmental Pollutant Profile (EPP) P1001 - Glyphosate Exposure Analysis		
		ronmental Mold and	-	sessment (El	MMA)	Combo: \$399	
	Environn Fungal C	nental Mycotoxin Pa ount Dx	nei				

RTL ACCESSION #: ___

TO BE COMPLETED BY LABORATORY PERSONNEL

PERSONNEL INITIALS:

DATE:

INSURANCE CHECKLIST



you wo	ne Laboratories can file a reimbursement claim with your insurance provider on your behalf. If uld like to add this service, please read the checklist of information below and authorize ce billing.
Insuran	ce reimbursement checklist:
	Authorize \$30 insurance filing fee
	Provide a copy of insurance card (front and back)
	Provide a copy of picture identification for patient (If not a minor)
	Provide a copy of picture identification for primary insured
	Provide Primary Insured date of birth (if not already on identification card)
Traditio	nal Medicare patients DO NOT pay \$30 filing fee
	Please provide a copy of your insurance Medicare card and picture ID
Tricare	Patients DO NOT pay \$30 filing fee
	RealTime Laboratories is a Tricare Authorized, Non-Network Provider and will submit a claim on behalf of the patient directly with 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
behalf. W	the above information is omitted or not legible, the insurance claim will not be filed on your Ie will notify you by phone or email of any missing required information. If no response within your filing will be your responsibility and the \$30 fee will be credited back to your account.
For infor	ICE INFORMATION: mation about how RealTime Lab works with Insurance, please ps://realtimelab.com/insurance/ OR click the QR Code here.



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