## **CREDIT CARD PAYMENT FORM**



(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)

Go to www.realtimelab.com/payment-portal/	Parist	
o Enter the Accession ID, first name, last name, date of birth	You can find your Accession ID here.	
Paying by Credit Card? See instructions below	The control of the	-
<ul> <li>Please fill out all the information shown below in the credit card form.</li> <li>You will need the Accession ID on the requisition form found in the test kit box.</li> </ul>	Section   Sect	
ACCESSION ID:		

	<u>CRE</u>	DIT CARD INF	ORMA <sup>*</sup>	TION			
Completing this form authorizes R	RealTime Labora	tories (RTL) to charge the	following cred	dit card for	services and/or purchases at RTL.		
Bill To Name as it appe	ars on the o	redit card (please	print):				
Credit Card Type :	VISA	MASTERCARD	AME	Х	DISCOVER		
Credit Card Number:			Ехр	Date: _	CVV Number:		
Credit Card Billing Add	ress (please	print)					
Address:				Suite	:		
City:		State:	Zip Cod	de	Country:		
•	Ιι	ınderstand that all t	-		-		
	Your credi	t card will only be charged	l if the sampl	e is viable f	or testing.		
I understand that all	tests must b	e PREPAID					
					_		
Credit Card Authorization	•						
*We are unable to send ema <u>If you would like your paid re</u>		,			onsent by the patient/responsible party. <u>or signature here:</u>		
Authorization Signature:	Authorization Signature:		E	Email:			
	TECTC	(Please shock :	all tosts	all tha	t annivi:		
	15313	(Please check a	III LESUS	all tila	<u>- сарріу).</u>		
E8400 - Mycotoxin Panel: \$399 E8400F - Mycotoxin Pane		anel Follow	-Up: \$249	B4000 - Urinary Tract Infection: \$350			
		P1001 - Glyphos	ate Exposur	e Analysis	:: \$129		
OA100 - Organic Acids F	Profile (OAP): \$	5180		EP10	00 - Environmental Pollutant Profile (EPP): \$120		
			<u>os</u>				
RTL Tox Complete: \$549				RTL Tox Complete Plus: \$599			
<ul> <li>E8400 - Mycotoxin Panel</li> <li>OA100 -Organic Acids Profile (OAP)</li> </ul>			<ul> <li>E8400 - Mycotoxin Panel</li> <li>OA100 - Organic Acids Profile (OAP)</li> </ul>				
EP100 - Environme					EP100 - Environmental Pollutant Profile (EPP) P1001 - Glyphosate Exposure Analysis		
	R8700 - Enviro	onmental Mold and My	cotoxin Ass				
		ental Mycotoxin Panel		`	·		
	TO BE C	OMPLETED BY LAE	ORATOR	Y PERSO	NNEL		
DATE:		PERSONNEL IN	TIALS:		RTL ACCESSION #:		

## **INSURANCE CHECKLIST**



Medica	re claim filing requirements		
	Please provide a copy of your traditional Medicare card (Red, White and Blue) and picture ID		
	Front and Back copy of Medicare Advantage.		
	Signed ABN form (Advanced Beneficiary Notice)		
Tricare	claim filing requirements		
	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 ID Card along with the subscriber's name and the date of birth. 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.			
For info	ANCE INFORMATION: cormation about how RealTime Lab works with Insurance, visit <a href="https://realtimelab.com/insurance/">https://realtimelab.com/insurance/</a> OR click the QR ere.		



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