

# State-of-the-art Science. Superior Solutions.

## TO ENSURE YOUR SAMPLES ARE PROCESSED, PLEASE RETURN YOUR TESTING KIT WITH THE REQUIRED DOCUMENTATION. SEE THE BACK OF THIS FORM FOR MORE INFORMATION.

#### Consent to Use of PHI for Billing

By signing below I hereby consent to the use by Physicians Lab, Inc. and associated staff persons, to use my medical information to submit bills to me and any other payer for services provided to me by or through Physicians Lab.

I understand that I must give this specific written consent pursuant to Florida law which prohibits health care providers from using a patient's medical information for billing purposes unless the patient authorizes the health care provider in writing to do so. I also understand that if I refuse this consent, Physicians Lab will void my lab order.

Signature:	Print Name:	

#### **Patient Payment Policy**

By signing below I acknowledge that I am responsible for all amounts due and payable to Physicians Lab, Inc. for services provided to me. If I receive payment directly from my insurance company, I understand that I must immediately forward both the payment and a copy of the Explanation of Benefits (EOB) to Physicians Lab. In other words, I may not keep any money paid by my insurance company for lab services provided to me by Physicians Lab.

- ▼ When Physicians Lab receives the insurance payment, it will be applied toward the total amount due.
- ▼ Failure by me to forward payment and EOB to Physicians Lab will result in the termination of Sure Pay billing program benefits for me.

In order to substantiate medical necessity for testing and to be eligible for insurance reimbursement, I understand that my health care provider, including Physicians Lab and my physician, may be required to provide my medical records to insurance companies. Failure to provide this information in a timely manner may result in my being billed the total list price for testing.			
Authorization to Release Payment Information to Physicians La			
By signing below I hereby consent to authorize (insurance company) to release to Physicians Lab and or its agents any and all information pertaining to claims, reimbursement and/or payments made to me for services provided by Physicians Lab.			
Signature: Print Name:			
Payment Information			
In the event that your insurance company does not cover the full balance due on your account, you will receive an email 1 business day before your card is charged. The email will tell you the amount we will charge to your card.			
Credit Card #:   (3 or 4 digit number generally located on the back of the credit card)			
Exp Date:/ mm/yy Zip Code: Lill Missing information may void your lab order and cancel processing			
Signature: Print Name:			
Insurance Information			
Please provide a copy of your insurance card with this form when returning your kit.			
Insured's Name:			
Insurance company:			
Member ID:/ Group #:			
Claim Address:			
Claim Phone:			
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#### Physicians Lab billing made simple

Physicians Lab makes it simple and easy for you to pay for any laboratory services that may be your responsibility after your insurance company processes your claim. Additionally, when you provide credit card information, prior to insurance submission, Physicians Lab can extend the SurePay Program to your lab order and provide flexibility to your out-of-pocket responsibility. If your insurance provider indicates that you do not have a balance due, your credit card will not be charged and at no time will any funds be held.

#### **Physicians Lab SurePay Program**

SurePay is Physicians Lab's insurance billing program that takes the hassle and risk out of using insurance plans to cover lab testing. By participating in the SurePay program, patients have the ability to use insurance to cover a portion or all of your lab testing along with being offered flexible and affordable payment options.\*

\*Insurance coverage is determined by provider.

#### How do I participate in the SurePay Program?

To participate in the program, patients should make certain to complete all of the following steps:

- Pay the \$99 SurePay Program fee/deposit (If you have a patient responsibility, the \$99 will be deducted from the final amount due)
- ▼ Provide a legible copy of valid insurance card (both front and back)
- ▼ Make certain that the credit card on file with Physicians Lab is valid
- ▼ If you receive insurance payments directly, endorse any payments to Physicians Lab and send payments, along with EOB to Physicians Lab at 4950 Communications Ave, Suite 250, Boca Raton, FL 33431

#### What payment am I responsible for?

The amount charged to you upfront will be \$99 and any additional balance will vary depending on your insurance coverage.† Because Physicians Lab is an out-of-network provider, your insurance company may send you a check for our services. It is your responsibility to forward this check to us using the address provided above. The charges shown in the below example may vary from insurance coverage and may not apply directly to your balance.

Example Test: The list price for testing is \$2,000 and we will submit this amount to your insurance provider. Your responsibility on your Explanation of Benefits (EOB) is \$1,500.00. \*If you're enrolled in the "Sure Pay" Program, you will receive a statement for \$1,500 but we ask that you please call us directly to work out payment.

- † If you do not submit insurance or do not have qualifying insurance you will be responsible for the full cash price.
- \*This example does not reflect your specific billing status with Physicians Lab, nor does it guarantee a specific discounted price. For questions, please reach out to our billing department.

#### Will my credit card be charged immediately?

Only the \$99 fee will be charged right away. After the claim has been processed by your insurance company, you may receive a statement or an EOB for the patient responsibility. Once we have spoken with you to work out payment for any additional balance due your credit card will be charged the amount that you are responsible for.\*\* This process can vary from 4–12 weeks depending on your insurance plan.

\*\*If you are not submitting insurance your credit card will be charged after we receive your testing kit, and verify we have the correct card on file.

#### How do I provide my credit card information?

You may provide your credit card information on the Patient Health Information (PHI) Form included in your testing kit, in our web application using the link provided via email after your order has been submitted, or by calling our Billing Support Team at 800-525-4052.

#### Is my credit card information safe?

Yes, we continually strive to protect and secure patient information.

#### How can I get more information?

For any additional questions, please contact our Billing Support Team at 800-525-4052.

Thank you for choosing Physicians Lab, the industry leader in advanced urinary hormone testing.

