# Physicians Lab **v** Patient Billing Options

# **AFFORDABLE** and **FLEXIBLE** billing options to fit within your budget







#### **INSURANCE BILLING**

Physicians Lab makes it **simple** and **easy** for you to utilize your health insurance and pay for any laboratory services that may be your responsibility after your insurance company processes your claim. For qualified insurances\*, Physicians Lab will file an out-of-network claim on your behalf to your insurance company (including Medicare).

\*Aetna and Medicaid are non-qualified insurances.

## To qualify for the lowest out-of-pocket cost, please follow these steps:

- Submit the required upfront \$99 SurePay Insurance Payment with your samples when you return your completed test kit.
- 2. Upon receiving your test kit Physicians Lab will file an out-of-network claim to your health insurance.
- After your claim has been processed you will receive a statement if there is an additional balance due.
- **4.** Please call us to discuss the non-covered amount and to close out the open balance on your account.



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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 ginging below it benefit concent to the use by Physicians Lab, it, or and associated staff persons, to use my medical information to submit bills to me and at other page for nervices provided to me by or through Physicians Lab.

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#### 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 pay directly from my incurance company, Lunderstand that I must immediately forward both the payment and a copy of the Explanation of Benefits (EDB) to Discription Lab, I not be useful. The provided that the provided is the provided of the payable of the payab

▼ 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 SurePay billing program benefits for m

I have been a few to the sear purposes and uso our regionals and will be all the embourance reimbursement, I understand that my health care provider, including Physicians Lab and my physician, may be required to provide my medical records to incurrance companies. Failure to provide this information in a timely ma may result in my being billed the stall list price for testing.

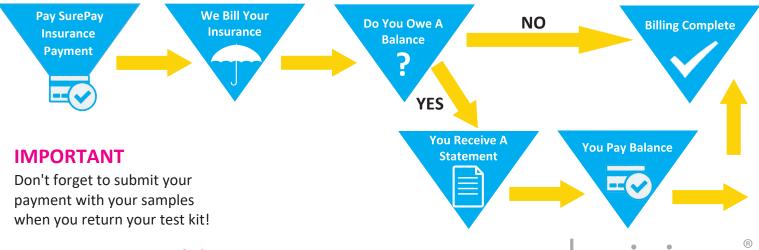
#### Authorization to Release Payment Information to Physicians Lab

#### ayment Information

By providing my credit card and signing below I hereby consent to authorize Physicians Lab, Inc. to charge my credit card for my upfront SurePay Program fee i 399, upon my samples being received at the laboratory.

#### Insurance Information

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We Are Here To Help!

We know that Insurance Billing can be difficult and Physicians Lab's Billing Team is here to help with ANY questions or concerns that you may have throughout your experience with Physicians Lab.

physicians LAB

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Visit us at www.PhysiciansLab.com or call us at 877.316.8686



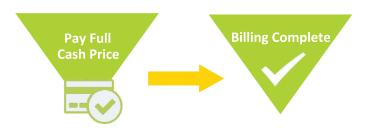
#### **CASH PAY**

Physicians Lab makes it **simple** and **easy** for the patients who either don't have Health Insurance or do not want Physicians Lab to file insurance on their behalf.

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## **Cash Pay Option:**

1. Submit the **full cash price** for the selected testing panel at the time of order.



- Once full payment has been received for your testing, your test kit will be shipped to you via FedEx with a 2-3 business day delivery time.
- 3. When you receive your test kit, please sign the enclosed PHI insert card and return with your samples once you ship your test kit back to the lab.

### **IMPORTANT**

Please REVIEW and RESPOND to ALL communications from Physicians Lab!



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#### Consent to use of PHI for billing

By signing below I hereby consent to the use of 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.

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rint Name:		

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

Visit us at www.PhysiciansLab.com or call us at 877.316.8686

