

## PAYMENT AND BILLING POLICIES

IGeneX, Inc. is a privately owned laboratory focused on performing specialized testing for Lyme disease and other related tick borne diseases.

It is our intention to provide cost savings for our patients as well as our clients. In doing so, IGeneX, Inc. has not contracted with any insurance companies; therefore, we DO NOT bill patients' health insurance for any testing performed through IGeneX, Inc.

IGeneX, Inc. is a contracted Medicare Provider. IGeneX, Inc. will not bill Medicare for tests and services that are not medically reasonable and necessary, as well as a reminder that the OIG takes the position that an individual who knowingly causes a false claim to be submitted to the federal government may be subject to civil, criminal and administrative sanctions and penalties.

### PREPAYMENT METHODS

#### Domestic Clients/ Patients

##### Prepayment

We require prepayment at the time the specimen is sent to IGeneX, Inc. for processing. We accept Visa, MasterCard, Discover, American Express, Personal Checks or Money Orders. A statement of payment will be mailed to you with information to send to your insurance company for reimbursement.

##### Returned Checks or Chargebacks on Credit Card

A non-refundable \$25.00 bank transaction fee may be assessed if payment is returned from the bank or chargebacks. A courtesy phone call will be made to notify clients/patients or responsible party.

#### International Clients/ Patients

##### Prepayment

We require prepayment at the time the specimen is sent to IGeneX, Inc. for processing. We accept Visa, MasterCard, Discover, or American Express. A statement of payment will be mailed to you for your record. Please sign requisition form to authorize payment.

### MEDICARE

*For prompt processing, please provide all Medicare related information requested below*

#### Medicare Primary (Part B Coverage)

*Patient will be responsible for any deductible or co-payment*

- Select payment method as Medicare
- Provide Medicare number, complete and sign Test Requisition Form
- Provide a copy of the front and back of your Medicare card and complete Medicare Patient Insurance Information Form
- Complete and sign the ABN Form(s) if your physician has ordered CD57
- Prepayment is required if CD57 is requested. Please send prepayment by check or provide credit card information on requisition form

#### Medicare Secondary

*IGeneX, Inc. will bill your Primary Insurance for your testing. Remaining balance will be submitted to Medicare and patient will also be responsible for any deductible or co-payment.*

- Select payment method as Medicare
- Provide Medicare number, complete and sign Test Requisition Form
- Provide a copy of the front and back of your Primary Insurance card and complete Medicare Patient Insurance Information Form
- Complete and sign the ABN Form(s) if your physician has ordered CD57
- Prepayment is required if CD57 is requested. Please send prepayment by check or provide credit card information on requisition form

#### Medicare Senior/Advantage Plan

*IGeneX, Inc. will bill your Senior/ Advantage Plan for your testing. Patient will be responsible for any deductible or co-payment.*

- Select payment method as Medicare
- Provide Medicare number, complete and sign Test Requisition Form
- Provide a copy of the front and back of your Senior/ Advantage Plan card and complete Medicare Patient Insurance Information Form
- Complete and sign the ABN Form(s) if your physician has ordered CD57
- Prepayment is required if CD57 is requested. Please send prepayment by check or provide credit card information on requisition form

#### Medicare with HMO or Primary Insurance with HMO

*IGeneX, Inc. is not a provider with any HMO plans. For prompt processing, prepayment is required at the time the specimen is sent to IGeneX, Inc.*

- Select payment method as Medicare
- Provide Medicare number and sign Test Requisition Form
- Provide a copy of the front and back of your Medicare HMO card
- Complete and sign the "Advance Notice for Medicare Beneficiaries with Senior Plans" form
- Please send prepayment by check or provide credit card information on requisition form. A statement of payment will be mailed to you with information to send to your insurance company for reimbursement

#### CANCELLATION POLICY

IGeneX will honor cancellation requests made prior to receipt of sample and start of processing. All cancellation requests must be made by the Referring Physician in writing. Please fax the test cancellation request to the Customer Service Department at (650) 543-2608. All cancellations are subject to a fee of \$25. Requests received after the test has been set up for processing will not be honored.