



## PAYMENT AND BILLING POLICIES

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### 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.

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.

Should you need additional assistance regarding billing and payment information, please contact IGeneX Billing Department at (800) 832-3200, option 2 or email us at [billing@igenex.com](mailto:billing@igenex.com)

#### PATIENT – PREPAYMENT

Prepayment is required at the time services are rendered at IGeneX. A statement of payment including the cost of each procedure will be mailed to patient or responsible party.

To avoid delay in testing, please be sure to complete and sign the billing information section on test requisition form. IGeneX accepts the following prepayment methods:

##### Domestic Patient

- Credit Cards:
  - Visa, MasterCard, Discover, and American Express
- Personal Checks/ Money Orders:
  - Please make check payable to IGeneX, Inc.

Note: *IGeneX, Inc. currently does not accept Healthcare Financing Credit Cards.*

##### International Patient

- Credit Cards ONLY:
  - Visa, MasterCard, Discover, and American Express

#### CLIENT BILLING

Client must submit, complete, and sign a Client Payment Agreement with IGeneX billing department in advance.

IGeneX will bill your account once a month on the 30<sup>th</sup>. Client agrees to pay IGeneX by payment of check, certified money order or credit card or other form of payment method approved by IGeneX, within thirty (30) days of the date of each IGeneX invoice for services rendered at IGeneX.

An invoice will be sent at the beginning of each month detailing the previous month's services. For detailed information, please contact billing department at (800) 832-3200, option 2 or email us at [billing@igenex.com](mailto:billing@igenex.com).

#### COURTESY THIRD PARTY INSURANCE CLAIM SUBMISSION

For your convenience, IGeneX offers process your out-of-network claim submission to your primary insurance carrier on your behalf. In order to ensure prompt processing of claim,

- Patient must prepay his/her services rendered at IGeneX in full prior to claim submission
- Complete and sign the Third Party Insurance Billing form
- Provide a copy of the front and back of primary insurance card

In the event if one of the above requirements is missing or incomplete, your insurance claim WILL NOT be processed. You will need to submit your own claim to your primary insurance carrier. The Courtesy Third Party Insurance Claim Submission form can be found on IGeneX website at [www.igenex.com](http://www.igenex.com).

## MEDICARE BILLING

IGeneX will accept patients with Medicare Part B (Medical) Coverage. As part of the Affordable Care Act, section 6405, "Physicians Who Order Items or Services are required to be Medicare Enrolled Physicians or Eligible Professionals," physicians and practitioners must enroll in the Medicare Program to order services for Medicare beneficiaries. To ensure coverage on Medicare beneficiaries services rendered at IGeneX, ordering/referring physician must also be eligible to refer Medicare beneficiaries.

Medicare requires the physician to supply diagnostic codes of why laboratory work is being performed. Medicare generally does not pay for "routine lab work/exam". Eligible Medicare beneficiary will be responsible for payment.

When procedure that may not be covered by Medicare IGeneX as "not medical necessity", IGeneX may ask eligible Medicare beneficiary to sign an Advanced Beneficiary Notice (ABN) that will states the estimate cost for service(s). Medicare beneficiary will have the option to accept financial responsibility or not to perform service(s).

To avoid delay in testing and ensure prompt processing of claim, please:

- Complete and sign the billing information section on test requisition form
- Provide a copy of the front and back of your Medicare or Primary Insurance card(s)
- Complete and sign Medicare Patient Insurance Information Form.

### **Medicare Primary (Part B Coverage ONLY)**

Medicare beneficiary will be responsible for any deductible or co-payment

- Complete and sign the ABN Form if your physician has ordered CD57
- Prepayment is required if CD57 is requested. Please send prepayment by personal check made payable to IGeneX, Inc. or provide credit card information on test requisition form

### **Medicare Secondary Payer (MSP)**

IGeneX will submit claim directly to your Primary Insurance for your services rendered at IGeneX. Remaining balance will be submitted to Medicare. Medicare beneficiary will also be responsible for any deductible or co-payment.

- Complete and sign the ABN Form if your physician has ordered CD57
- Prepayment is required if CD57 is requested. Please send prepayment by check or provide credit card information on test requisition form

### **Medicare Senior/Advantage Plan**

IGeneX will submit a claim directly to your Senior/ Advantage Plan for your services rendered at IGeneX. Medicare beneficiary will be responsible for any deductible or co-payment.

- 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 Advantage Plan Carrier with HMO**

IGeneX is not a contracted provider with any HMO plans. To ensure benefit coverage, please contact your Primary Insurance Carrier for benefit-specific information prior to testing.

For prompt processing of your test(s), prepayment is required at the time the specimen is sent to IGeneX.

- Provide a copy of the front and back of your Medicare HMO or Advantage Plan Carrier HMO card
- Please send prepayment by personal check or provide credit card information on test requisition form. A statement of payment including the cost of each procedure will be mailed to patient or responsible party.

## INSUFFICIENT FUNDS or CHARGEBACK

If you pay by check, electronic transaction or other remittance and it is not honored because of insufficient funds, we will charge you up to \$25.00USD (fee may varies by state).

## 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 Billing Department at (650) 543-2631.

All cancellations are subject to a fee of \$25.00USD. Requests received after the test has been set up for processing will not be honored.