



## PAYMENT AND BILLING POLICIES

BD-PP-007v4 04-15-2021

556 Gibraltar Drive □ Milpitas □ CA 95035-6315 □ T: (800) 832-3200 □ F: (408) 935-8272 □ [www.igenex.com](http://www.igenex.com)  
CLIA#: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

### 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, Inc. 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, Inc. 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 the test requisition form. IGeneX, Inc. accepts the following prepayment methods:

##### Domestic Patients

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

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

##### International Patients

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

#### CLIENT BILLING

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

IGeneX, Inc. will bill your account monthly. Clients agree to pay IGeneX, Inc. by payment of check, certified money order, credit card, or other form of payment method approved by IGeneX, within thirty (30) days of the date of each IGeneX, Inc. invoice for services rendered at IGeneX, Inc.

An invoice will be sent at the beginning of each month detailing the previous month's services. For detailed information, please contact the 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, Inc. offers to 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).

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### **MEDICARE BILLING**

IGeneX, Inc. 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 as "not medical necessity", IGeneX, Inc. may ask eligible Medicare beneficiary to sign an Advanced Beneficiary Notice of noncoverage (ABN) that will states the estimate cost for service(s). Eligible 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 note of the following:

- 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

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

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

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

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

#### **Medicare with HMO or Advantage Plan Carrier with HMO**

IGeneX, Inc. 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, Inc.

- 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, Inc. 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 (408) 419-9888.

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.