556 Gibraltar Drive | Milpitas | CA 95035-6315 | T: (800) 832-3200 | F: (408) 935-8272 | 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 an enrolled Medicare provider and will not bill Medicare for tests and services that are not medically reasonable and necessary. The Office of Inspector General (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.

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.

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.

Prior Authorization: Please be reminded that your insurance carrier may require prior authorization for testing. IGeneX, Inc. does not obtain prior authorization on your behalf. We strongly advise you to contact your insurance carrier before testing to find out whether

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prior authorization is required and what your out-of-network benefits are. Submission of a claim does not guarantee payment by your insurance carrier.

MEDICARE BILLING

IGeneX, Inc. is an enrolled Medicare Part B provider and accepts patients with Medicare Part B (Medical) coverage. Under Section 6405 of the Affordable Care Act, physicians and non-physician practitioners who order laboratory services for Medicare beneficiaries must be enrolled in Medicare in an approved status that allows them to order and refer. Claims for tests ordered by a practitioner who is not eligible to order or refer will be denied by Medicare, and IGeneX will not process the sample.

Medicare Orders – Individual Tests Only
IGeneX, Inc. does not accept test panel orders for Medicare beneficiaries. Medicare considers each IGeneX panel to be a single test, and coverage is determined by whether each test is medically reasonable and necessary for the patient. The ordering physician must select only the individual test(s) that are medically necessary. Please use the Medicare Test Requisition Form (BD-F-048). The Domestic Test Requisition Form (BD-F-018) may still be used if all of the Medicare-required information below is completed.

Medicare Physician Acknowledgment
If a panel is ordered for a Medicare beneficiary, IGeneX, Inc. will fax a Medicare Physician Acknowledgment to the ordering physician to confirm which individual component test(s) are medically necessary. Testing may be delayed until the completed and signed acknowledgment is returned. IGeneX, Inc. does not select tests on behalf of the ordering physician.

Medical Necessity and Diagnosis Codes
Medicare covers laboratory tests only when they are reasonable and necessary for the diagnosis or treatment of an illness or injury. Medicare generally does not cover routine or screening tests performed without signs, symptoms, or another qualifying reason. Diagnosis codes must be provided by the ordering physician and supported by the patient's medical record; IGeneX, Inc. may request supporting documentation. IGeneX, Inc. will not assign or change diagnosis codes. Any ICD-10-CM reference material provided by IGeneX, Inc. is for reference only, and code selection remains the sole responsibility of the ordering physician.

Advance Beneficiary Notice of Noncoverage (ABN)
When IGeneX, Inc. expects that Medicare may deny a test as not medically reasonable and necessary, the Medicare beneficiary may be asked to sign an Advance Beneficiary Notice of Noncoverage (ABN, Form CMS-R-131) before the test is performed. The ABN lists the test(s) and their estimated cost, and the beneficiary may choose to receive the test(s) and accept financial responsibility or decline the test(s).

Required Billing Information
To avoid delay in testing and ensure prompt processing of claims, please:

- Complete and sign the billing information section of the test requisition form
- Provide a copy of the front and back of the Medicare card and any other insurance card(s)
- Complete and sign the Medicare Patient Insurance Information Form (BD-F-022) if Medicare is the secondary payer or the patient is enrolled in a Medicare Advantage plan

Medicare Primary (Part B)
IGeneX, Inc. will submit the claim directly to Medicare. Covered clinical laboratory tests under Medicare Part B are generally not subject to the Part B deductible or coinsurance. The Medicare beneficiary may be billed for a test denied as not medically necessary only if a valid ABN was signed before testing.

Medicare Secondary Payer (MSP)
IGeneX, Inc. will submit the claim to the primary insurance first. Any remaining balance will be submitted to Medicare as the secondary payer. Patient responsibility, if any, depends on the primary plan's benefits and Medicare secondary payer rules.

Medicare Advantage (Senior) Plan
IGeneX, Inc. will submit the claim directly to the Medicare Advantage plan. The Medicare beneficiary will be responsible for any deductible, copayment, or coinsurance under the plan, and plan rules (such as network or prior authorization requirements) may apply.

Medicare HMO or Medicare Advantage HMO Plan
IGeneX, Inc. is not a contracted provider with any HMO plans, including Medicare Advantage HMO plans, and does not bill HMO plans for testing. Patients covered by an HMO plan must prepay at the time the specimen is sent to IGeneX, Inc., by personal check or by credit card on the test requisition form. A statement of payment listing the cost of each procedure will be mailed to the patient or responsible party.

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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 vary 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.