



4100 Fairway Court, Ste 600, Carrollton, TX 75010 USA  
Ph: 972-492-0419 \* Fx: 972-243-7759  
Website: [www.RealTimeLab.com](http://www.RealTimeLab.com) \* CLIA #: 45D1051736 \* Tax ID #: 45-0669342

## CREDIT CARD AUTHORIZATION

(TO BE FILLED OUT BY THE PATIENT/CARD HOLDER)

Completing this form authorizes RealTime Laboratories, Inc.(RTL) to charge the following credit card for services and/or purchases at RTL until the card owner notifies RTL that the authorization is no longer valid. The charge will be in U.S. dollars. I accept responsibility for payment of all charges incurred and placed on this credit card by RealTime Laboratories, INC.

**Bill to Name as it appears on the credit card: (PRINTED)**

\_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Patient's Name:** \_\_\_\_ Same as above \_\_\_\_ Other:

Last \_\_\_\_\_ (PRINTED) First \_\_\_\_\_ (PRINTED)

**Credit Card:** Visa / MasterCard / American Express / Discover / Health Savings Account

**Number:** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (YEAR)

**Credit Card billing address: (PRINTED)**

Address \_\_\_\_\_ Apt / Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Authorized \$** \_\_\_\_\_ **to be billed on the above credit card.**  
(U.S. DOLLARS)

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TO BE COMPLETED BY REALTIME LAB PERSONNEL:

Date \_\_\_\_\_ Personnel Initial's \_\_\_\_\_ RTL Accession # \_\_\_\_\_

Notes: \_\_\_\_\_



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RealTime Laboratories will file a reimbursement claim with your insurance provider on your behalf. If you would like to add this service, please read the checklist of information below and authorize insurance billing.

### CHECKLIST TO REVIEW

- Provide Copy of Insurance card (front and back)
- Provide Copy of Picture Identification for Patient (If not a minor)
- Provide Copy of Picture Identification for Primary Insured
- Provide Primary Insured Date of Birth (if not already on Identification card)
- Authorize \$30 filing fee

### Medicare

- Medicare Patients: \$30 Insurance filing fee is waived
- If you have a secondary insurance provider, please follow checklist above
- If Medigap secondary insurance, or if there is no secondary insurance, claim will not be filed for non-coverage

### Tricare

- RealTime Laboratories is a Tricare Authorized Provider and will take assignment for the Claim in most cases.
- In certain instances where claim assignment is not assumed by RealTime Laboratories Beneficiary will be asked to complete a Non-Covered Services Waiver And a credit card authorization form.

If any of the above information is omitted or not legible, the insurance claim will not be filed on your behalf. We will notify you by phone or email of any missing required information, if no response within 48 hours your insurance filing will be your responsibility, and the \$30 fee will be credited back to your account.

### **Authorized Insurance Billing \$30 Fee to be billed on the above credit card.**

Initial or Sign Here \_\_\_\_\_

'TRICARE beneficiary/patient may be required to fill out a credit card authorization form to be used in the event of claims being denied by Tricare. Patients will receive an Explanation of Benefits (EOB) from Tricare Benefit Plan (by region). RealTime Laboratories will also be sending the beneficiary an account statement reflecting the amounts collected.



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