

Date: _____

To: Current and Prospective Medical Care-Giver Clients of RealTime Laboratories

Dear Provider:

In an on-going Quality Assurance program at RealTime Laboratories, Inc., and to remain in compliance with HIPAA, College of American Pathology, and CLIA regulations, we are required to maintain a copy of the medical provider's name, address, phone number, and current license number in the state in which he/she is licensed. Please provide the required information in the attached form and return it within 5 working days. We cannot provide testing services without the completed "RTL Provider Information Request" form, and a copy of the medical provider's current medical license and NPI#.

Please note that the medical provider's practice address, listed on the NPI Registry, must match the current practice address we have on file. If the addresses do not match, we are not able to file insurance claims for the provider's patients. Call 1 -800-465-3203 or visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do> to make any needed corrections.

Respectfully,

Management, RealTime Laboratories, Inc.



Please email completed paperwork and license to info@realtimelab.com or Fax to 972-243-7759.

Date: _____

Name of Licensed Care Giver: _____

Practice Name: _____

Practice Address (Zip + 4required): _____

CITY _____ State _____ ZIP _____

NPI #: _____ Taxonomy # _____

License # (A current copy of the State license MUST be included) _____

Contact Phone Number (s): _____

Fax Number: _____

**** An EMAIL ADDRESS MUST be provided to receive all patient test results. ****

Email (To Access Patient Results through Sharefile Portal) _____

Email (for correspondence) _____

How did you hear about our laboratory?

Are you a MEDICARE Provider? _____ YES _____ NO

PATIENT REFERRAL SERVICE: RTL receives calls every day from potential new patients who would like to talk to a doctor about mold related illness. May we have your permission to give potential new patients your contact information? **Yes**, refer patients to me. _____ **No**, do not refer patients to me. _____
Please note, we do NOT distribute your information to any other person or business except for patients, by request.