MOLECULAR VISION LABORATORY, INC.
Billing Information

As you m ay know, coverage of genetic testing   is payer and plan specific,   and rare for ocular conditions. It is dif ficult f or us to know all health plans, and a given patient' s specific coverage. This docum ent is m eant to assist you with our billing   processes for specimens sent for ocular genetic testing.

We accept three billing processes; institutional, self-pay, or insurance billing:

> Institutional billing: P lease provide us   with y our entity' s billing add ress and contact inform ation, so we can set u p an account with you. We   can obtain this information via our Requisition form, downloaded from our website or emailed to you. We will bill your account upon receipt and provide an invoice/statement on a monthly basis. Payment is due within 30 days of billing. Our Tax ID# is 81-2685042.

> Self-Pay: Patients without insurance coverage for ocular genetic testing, will be asked to pay upon order via our Requisition. We accept all forms of credit card, money order, or personal checks.   Personal checks will deposited in advance of testing in order to clear the banking process. We have developed our fee schedule to be competitive and affordable. Our Tax ID# is 81-2685042.

> Insurance Billing: Since coverage varies widely, we ask your assistance in determining a patient's eligibility for our testing. We do not bill Medicare or state Medicaid programs at this time. There is a document available on our website that lists the individual CPT codes and quantities billed, depending upon the test or panel ordered. The patient will be responsible for deductible or coinsurance, or full balance if denied, so we ask that they provide credit card information. Please be advised that due to state and federal laws, when we bill insurance MVL will send patient documents relating to HIPAA, etc.   Our Tax ID# for insurance billing is 81-2685042.

Thank you for your interest in the Molecular Vision Laboratory, Inc.
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