

NCF DNA Patient Billing Information Sheet

Patient Product Insert

Why does my doctor want me to do high-complexity molecular diagnostic testing?

NCF Diagnostics & DNA Technologies (“NCF DNA”) is a high-complexity molecular diagnostics laboratory. NCF DNA testing can yield 99 percent accurate results within 24 hours for our pathogen tests. Results for our 134-cancer gene panel are back within 14 days. Our faster turn-around times provides more accurate treatment reducing life loss.

What information do I provide the laboratory?

The laboratory gets all the information we need from your physician office including your insurance information. In addition to having a patient diagnosis indicating the medical necessity for testing, each test requisition form must also contain complete patient demographic information including the patient’s full legal name, date of birth (“DOB”), gender, and insurance information, if applicable. We only require you to provide any updates or changes that occur. If your benefits change or the insurance(s) change, it is your responsibility to notify us as soon as possible. If you do not notify us in time to meet your insurance’s claim filing requirements, you may be financially responsible for the entire amount.

What are the Specimen Requirements?

Your physicians’ office will collect a DNA sample from you (most likely a simple swab of saliva) and they are responsible for submitting the properly labeled specimens which are **required to have two patient identifiers** along with the submission requirements. Should a sample not be properly identified by the physician’s office it will be discarded as NCF DNA cannot validate the integrity of the sample. Physicians must be registered with PECOS (Provider Enrollment, Chain and Ownership System).

What is covered by my insurance?

Insurance coverage varies by insurance plan and billable coding is constantly being updated as the technology is always changing and improving. NCF DNA cannot always predict your financial responsibility. NCF DNA will do our due diligence to verify coverage prior to processing your sample and will attempt to notify your physicians’ office if we discover any coverage issues.

What if the test is not covered?

NCF DNA will never prohibit testing based on a patient’s inability to pay as we offer several options of payment that can be discussed to reduce the financial burden. We have several payment options available and payments can be processed by calling 352-375-5533.

What documentation is needed to be covered by my insurance?

A physician order is submitted to our laboratory along with a high-complexity molecular sample you voluntarily provided to our lab to perform an analysis. It is assumed you have **consented** to the laboratory services by providing a sample and NCF DNA considers this “implied consent” for treatment. All testing must meet medical necessity guidelines set by your insurance. Per regulations since your physician is requesting the test, NCF DNA can accept the signed Assignment of Benefits (AOB) you already have on file at your physician’s office.

Do I Need Authorization?

Your insurance will take into consideration many factors when determining authorization requirements. Most laboratories will have the physician office contact your insurance on your behalf and obtain all necessary authorizations. However, due to the high-complexity of the evolving testing, NCF DNA will only be able to assist your physician office in verifying your benefits if they provide us with your insurance information 24 hours in advance of sample being received at the laboratory. This allows NCF DNA time to be able to notify your physician of any non-covered items or items needing authorization. It is ultimately the responsibility of the ordering physician to notify you of uncovered services.

Which Plans Do You Contract With?

We are constantly updating our list of contracted providers and by providing us with your insurance information we can best assess if we are contracted with your individual plan.

- For government insurance (e.g. Medicare B, Medicare C, most state Medicaid Programs, and some state and federal plans), we are considered in-network and therefore the cost of services is subject to the IN-NETWORK terms of your insurance provider for the Cancer panels.
- For Commercial insurance, NCF DNA is working to get contracted as quickly as possible, however we are a new company (est 2017) with new technology so many insurance carriers may consider us an out of network provider and therefore the cost of services would be subject to the OUT OF NETWORK terms of your insurance.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors. As a courtesy, NCF DNA agrees to bill your insurance company for the products and services rendered, any amounts not covered by your insurance is your financial responsibility. Laboratory costs are processed under your MEDICAL plan.

Do I have to pay my Co-Pay/Co-Insurance

Most health coverage includes a co-payment, a deductible amount and/or coinsurance. All copayments, deductibles and coinsurance will **be collected after billing services**. If the **services are non-covered**, the financial responsibility is provided to patient to make payment arrangements.

NCF DNA does **not balance bill** and accepts the insurances' allowable amount as payment in full. The patient/guardian is only responsible for their deductible, coinsurance and copays for in or out of network.

Exception: If a patient does not wish to have their claims filed to their health care plan, the patient, or legal guardian must sign and date a written request not to file their health care claims, prior to billing, and the request is maintained in the health care record.

NCF DNA cannot waive, reduce or discount any co-payments, deductibles or co-insurances in compliance with all state and federal laws absent true financial hardship that is properly documented in the patient's healthcare record.

For Medicare: No money can be collected at the time of service unless there is a co-payment and/or deductible amount stated on the ID card. Some plans only require a co-payment, while others may have a deductible and co-insurance.

How May I Pay?

We accept payment by check, VISA, Mastercard, Amex, Discover. Statements are sent monthly by the 10th of every month for the previous month.

- **PAYMENT BY CHECK**
Make check payable to: NCF DNA **PO Box 2459** Alachua, FL 32616-2459.
Note: A \$25.00 charge will be added to your account for each check returned to us by your bank for insufficient funds.
- **VERBAL (ONE TIME) CREDIT CARD AUTHORIZATION**
Please call the Patient Billing Department within 30 days of the statement date to make payment in full.
- **FLEXIBLE SPENDING ACCOUNT (FSA)/HEALTH SAVINGS ACCOUNT (HSA)**
I understand that if I have enrolled in FSA/HSA or other medical spending account that the provisions on coordination of benefits in my coverage policy may result in an automatic deduction of out of pocket costs directly from that fund. I understand that NCF DNA is in no way responsible or liable for that deduction and will not reverse it or refund it or otherwise reimburse me for those amounts. I understand, that it is my responsibility to contact my insurance carrier or employer in advance of services regarding coordination of benefits issues.

TERMS of PAYMENT

Full payment is due within 30 days of payment from your insurance provider. Patient responsibility not paid in full within 180 days of notification may be subject to collections terms.

For questions, please contact our Patient Billing Department at 352-375-5333. You have the right to dispute payments made to the laboratory and any patient responsibility with your insurance company as it is NOT determined by the laboratory.

NCF DNA polices regarding Patient Rights & Responsibilities, HIPAA, PHI, are available on our website: <http://www.NCF DNA.com/>.