

Your provider has determined a need for laboratory testing. QLABS will perform the testing and will report the results back to your provider. This guide has been designed to help you understand the most common billing questions, help you understand what personal financial responsibility you may incur for this test, and serve as a resource throughout the billing process. Your healthcare provider determined that this test is medically necessary; however, not all health plans consider such testing to be necessary. Your provider is responsible for your medical care and provides laboratory order to QLABS.

Understanding Key Terms Concerning the Billing Process for your Test

- **Copayment-** Is the fixed amount a patient pays for a covered health care service, usually at the time of service; the amount may vary depending on the type of covered health care service.
- **Deductible-** Is the amount a patient owes for covered health care services before the health plan begins to pay.
- **Co-Insurance-** Is the patient's share of the cost of a covered health care service, calculated as a percent of the allowed amount for the service.
- **Explanation of Benefits (EOB) -** A notice from a patient's insurance company reflecting what was billed, what is allowable, what the health plan paid and the amount of any copayment, deductible and/or coinsurance which is due from the patient.

If you have a question about your EOB, please call 304-926-0565.

Types of Insurance

- **Commercial Insurance -** QLABS will bill your insurance using the information provided. Your financial obligation, including deductibles and co-pay, will be determined by your plan. When insurance information is not provided or is incorrect, you will receive notification. When current information is provided, we will submit billing.
- Your insurance plan will send you an EOB with information on payments and financial responsibility. The same EOB will be sent to QLABS. QLABS will send a statement for any remaining financial responsibility you may have.
- If your insurance company sends you the check, please endorse the back of check and mail it to:

QLabs, Inc
312 MacCorkle Ave SE
Charleston, WV 25314

Your Patient Financial Responsibility:

- **For In-Network Services -** QLABS is In-Network with most major insurance carriers. Based on historical collection data, the majority of patients have a little financial responsibility once their deductible has been met.
- **For Out-of-Network Services -** Out-of-Network facilities, providers, and suppliers are not part of an insurance plans list of approved providers. Receiving services Out-of-Network will typically result in an additional cost to a patient and in some instances resulting in the patient having full responsibility for their bill. Please call QLABS at 304-926-0565 to verify if QLABS is n In-Network provider.
- **For Self-Pay Patients -** Payment arrangements including credit card installment plans will be made prior to testing and reporting. You mall call our office to make payment arrangements.



Commercial Insurance or Private Pay Patient Consent Form

Today's Date: _____

Patient Name: _____

I understand my treating physician has ordered a laboratory test for me to be processed by QLABS, Inc., and my physician's office has explained to me the medical need for the test. I understand I am financially responsible for all or a portion of the cost of the services I am receiving today. I acknowledge I have been given and reviewed the "Billing and Payment Guide for Laboratory Testing."

I authorize QLABS to perform diagnostic testing/treatment as ordered by my physician.

I further authorize QLABS to bill my insurance company for these services. If benefits are not paid, I will be billed for the entire balance which I must pay or make other arrangements with QLABS upon receipt of this statement. I understand that I am responsible for charges not covered by the assignment and/or said companies and payers. If my insurance company sends payment directly to me, I agree to endorse the insurance check to QLABS within 15 days of receipt.

I certify that I am not enrolled in Medicare, Medicaid and/or any other federally funded insurance programs. I will not submit or cause to be submitted a request for payment for this lab service to the Medicare, Medicaid, and/or any other federally funded insurance programs.

Patient Signature

Patient Date of Birth

Ordering Physician

Practice Name

Patients often receive an Explanation of Benefits (EOB) from their insurance carrier. An EOB is not a bill. If you are unclear as to what you may owe based on an EOB you have received from your insurance carrier, please contact QLABS to speak to a billing representative for further clarification.