

Consumer Test and Fee

CPT Codes	Combination Profiles	ZRT Retail	Discount
82670, 84144, 84402, 82627, 82530 x 4, 84443, 84481, 84439, 86376	Comprehensive Female Profile I SALIVA: E2, Pg, T, DS & Cx4 BLOOD SPOT: TSH, FT3, FT4, TPO	556	345
82530 x 4, 82670, 84144, 84403, 84270, 82627, 84443, 84481, 84439, 86376	Comprehensive Female Profile II SALIVA: Cx4 BLOOD SPOT: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPO	641	380
82670, 84402, 82627, 82530 x 4, 84153, 84443, 84481, 84439, 86376	Comprehensive Male Profile I SALIVA: E2, T, DS, Cx4 BLOOD SPOT: PSA, TSH, FT3, FT4, TPO	561	345
82530 x 4, 84443, 84481, 84439, 86376, 82670, 84403, 82627, 84270, 84153	Comprehensive Male Profile II SALIVA: Cx4 BLOOD SPOT: E2, T, DS, SHBG, PSA, TSH, FT3, FT4, TPO	646	380
82670, 84144, 84402, 82627, 82530 x 4, 84443, 84481, 84439, 86376, 83001, 83002	Fertility Profile I SALIVA: E2, Pg, T, DS & Cx4 BLOOD SPOT: TSH, FT3, FT4, TPO, FSH, LH	648	345
82530 x 4, 82670, 84144, 84403, 84270, 82627, 84443, 84481, 84439, 86376, 83001, 83002	Fertility Profile II SALIVA: Cx4 BLOOD SPOT: E2, Pg, T, SHBG, DS, TSH, FT3, FT4, TPO, FSH, LH	733	425
84311, 82570, 84436, 84432, 84443, 84481, 84439, 86376	Comprehensive Iodine Thyroid Profile DRIED URINE: Iodine (I), Creatinine (Crtn) BLOOD SPOT: T4, Tgbn, TSH, FT3, FT4, TPO	499	345
CPT Codes	Saliva Profiles	ZRT Retail	Discount
82670, 84144, 84402, 82627, 82530	*Female/Male Saliva Profile I - E2, Pg, T, DS & C	175	170
82670, 84144, 84402, 82627, 82530x2	*Female/Male Saliva Profile II - E2, Pg, T, DS & Cx2	210	200
82670, 84144, 84402, 82627, 82530x4	*Female/Male Saliva Profile III - E2, Pg, T, DS & Cx4	280	260
CPT Codes	Blood Spot Profiles	ZRT Retail	Discount
83525, 86141, 83036, 84478, 82465, 83718	CardioMetabolic Profile I - In, hscRP, HbA1c, TG, CH, HDL, LDL, VLDL	236	184
84443, 84481, 84439, 86376	Complete Thyroid Profile - TSH, FT3, FT4, TPO	276	276
82670, 84144, 84403, 84270, 82627, 82533	Female Blood Profile I - E2, Pg, T, SHBG, DS, C	260	189
82670, 84144, 84403, 84270, 82627, 82533, 84443, 84481, 84439, 86376	Female Blood Profile II - E2, Pg, T, SHBG, DS, C, TSH, FT3, FT4, TPO	536	349
82670, 84403, 84153, 84270, 82627, 82533	Male Blood Profile I - E2, T, PSA, SHBG, DS, C	265	189
82670, 84403, 84153, 84270, 82627, 82533, 84443, 84481, 84439, 86376	Male Blood Profile II - E2, T, PSA, SHBG, DS, C, TSH, FT3, FT4, TPO	541	349
CPT Codes	Dried Urine Profiles	ZRT Retail	Discount
84311, 82570	Iodine Profile - Iodine (I), Creatinine (Crtn)	85	
CPT Codes	Single Tests in Saliva	ZRT Retail	Discount
82679	Estrone (E1)	35	
82677	Estriol (E3)	35	
82670	*Estradiol (E2)	35	
84144	*Progesterone (Pg)	35	
84402	*Testosterone (T)	35	
82627	*DHEA-S (DS)	35	
82530	*Cortisol (C)	35	
82530 x 4	*Diurnal Cortisol (Cx4)	140	138
CPT Codes	Single Tests in Blood Spot	ZRT Retail	Discount
82306	Vitamin D 25-OH, Total (D2, D3)	75	
84305	Somatomedin C (IGF-1)	85	
83001	Follicle Stimulating Hormone (FSH)	46	
83002	Luteinizing Hormone (LH)	46	
83525	Insulin (In)	35	
82670	Estradiol (E2, total)	35	
84144	Progesterone (Pg, total)	35	
84403	Testosterone (T, total)	35	
82627	DHEA-S (DS)	35	
82533	Cortisol (C)	35	
84270	Sex Hormone Binding Globulin (SHBG)	85	
84153	Prostate Specific Antigen (PSA)	40	
84439	Free Thyroxine (FT4)	69	
84481	Free Triiodothyronine (FT3)	69	
84443	Thyroid Stimulating Hormone (TSH)	69	
86376	Thyroid Peroxidase Antibody (TPO)	69	
86141	High Sensitivity C-Reactive Protein (hsCRP)	57	
83036	Hemoglobin A1c (HbA1c)	57	
84478	Triglycerides (TG)	57	

MEDICARE PATIENTS:
Please contact ZRT Laboratory, LLC at 1-866-600-1636 for information and appropriate forms.

PAYMENT:
Payment or insurance information for laboratory services is due at the time of service. If payment is enclosed with the specimen(s) you will receive the discount rate listed and handle your own insurance claim. Payment can be made by check, money order or credit card. For credit card payment, complete the Credit Card Authorization form enclosed.

Fees are payable in US Dollars only.
If no payment is received or the insurance information is incomplete or inaccurate, you will be billed directly at full retail price.

INSURANCE BILLING:
ZRT Laboratory, LLC ONLY bills insurance companies that are listed on the reverse side of this page; if your insurance carrier is not listed on this form, ZRT will NOT file a claim. It is your responsibility to verify benefit coverage or out-of-network benefit coverage with your insurance company prior to testing. Insurance companies will be billed at the full retail price as listed. If your insurance company does not cover the full cost of testing, the remaining balance may be your responsibility. ZRT does not accept responsibility for disputed, denied or unpaid insurance claims. ZRT Laboratory does not bill HMO plans.

NEW YORK STATE RESIDENTS:
Only tests marked with an asterisk (*) are available to NY residents.

ZRT Laboratory

LABORATORY TESTING MADE SIMPLE
8605 SW Creekside Place | Beaverton, OR 97008
(866) 600-1636 | info@zrtlab.com | www.zrtlab.com

PATIENT INSURANCE AUTHORIZATION

Read, complete,
sign, and return

MEDICARE

Date form submitted ____/____/____

Medicare Patients– please contact ZRT Laboratory, LLC at 1-866-600-1636 for information and appropriate forms.

INSURANCE BILLING

ZRT Laboratory, LLC **ONLY** bills insurance companies that are listed below; **if your insurance carrier is not listed on this form, ZRT will NOT file a claim.** It is your responsibility to verify benefit coverage or out-of-network benefit coverage with your insurance company prior to testing. Insurance companies will be billed at the full retail price as listed on the enclosed fee schedule. If your insurance company does not cover the full cost of testing, the remaining balance may be your responsibility. ZRT does not accept responsibility for disputed, denied or unpaid insurance claims. ZRT Laboratory does not bill HMO plans.

If your primary insurance company is not listed below, your secondary insurance will NOT be billed by ZRT unless it is Medicare Part B.

ZRT Laboratory, LLC will bill the following insurance companies as a **contracted provider**:

• PersonalCare Insurance of Illinois
• First Health • Cook Group Health Plan • CCN Network

ZRT Laboratory, LLC will courtesy bill the following insurance companies as a **non-participating provider**:

• Cigna • TriCare • Medical Mutual • Humana

For the most up-to-date listing of contracted and courtesy billed insurance companies see our website www.zrtlab.com.

REQUIRED INFORMATION TO BILL INSURANCE:

Legibly signed laboratory order with applicable diagnosis code

Physician's full printed name, address, and NPI number

Patient Information	Primary Insurance*	Secondary Insurance*
NAME _____	ID # _____	ID # _____
STREET ADDRESS _____	GROUP # _____	GROUP # _____
CITY, STATE, ZIP _____	INSURANCE COMPANY NAME _____	INSURANCE COMPANY NAME _____
DATE OF BIRTH _____	CLAIMS MAILING ADDRESS _____	CLAIMS MAILING ADDRESS _____
DAYTIME CONTACT NUMBER _____	*PLEASE INCLUDE PHOTOCOPY OF FRONT AND BACK OF YOUR CURRENT INSURANCE CARD(S)	

ASSIGNMENT OF BENEFITS

I request that payment of authorized insurance benefits be made on my behalf to ZRT Laboratory, LLC for services provided to me by ZRT Laboratory, LLC. I understand and agree that a copy of this authorization and/or assignment of benefits, when signed by me, my authorized representative, or a legal guardian, may be sent to my insurance company, if requested. A copy of this authorization and assignment of benefits shall be as valid as an original, and ZRT Laboratory, LLC may refer to my signature on file regarding this authorization and/or this assignment of benefits.

Patient Financial Authorization Acknowledgment

By my signature, or an authorized signature, below, I understand and agree to the following:

- I understand that ZRT Laboratory, LLC is a supplier of laboratory testing and I should rely on my own health care provider for medical advice, diagnosis, and expected outcome of the results of ZRT Laboratory, LLC testing.
- I hereby authorize ZRT Laboratory, LLC to release or obtain, from my physician, any information deemed necessary to process my insurance claim (e.g. insurance cards, diagnosis codes, and/or order for lab work).
- I am financially responsible to ZRT Laboratory, LLC for any charges, based on full retail pricing, not covered by my health care benefits and for any portion of any charges denied by my health care benefits, in accordance with applicable law.
- If it becomes necessary for ZRT Laboratory, LLC to pursue collections for the amount due, I agree to pay for all cost and expenses incurred in the collection process.

I hereby certify that the information I have provided in this form is truthful, correct, and complete, and I understand and agree to the terms of this authorization. I acknowledge that any inaccurate information provided in this form or omission of accurate information may delay the processing of my claim and/or my order(s), and/or shall be grounds for ZRT Laboratory, LLC to cease providing service to me.

Signature  _____ Date: _____

Printed Name: _____