NTDLABS™
A PerkinElmer Company

• NTD Laboratories Inc.
403 Oakwood Rd.
Huntington Station, NY 11746
Phone: (631) 425-0800
Fax: (631) 425-0811
www.NTDLabs.com

NTD Labs Billing Policy

Effective immediately, all prior pricing arrangements that may have been provided in the past will be replaced by NTD Labs Patient Assistance Policy outlined below. Patients who are submitting their specimens to NTD Labs for testing will be billed according to the below-listed procedures.

1. Due to the fact that NTD Labs will continue to bill the patients' insurance carriers, this change in procedure should, in most instances, only impact uninsured patients.

2. Patients must submit their insurance information to NTD Labs with their test specimen. A copy of the patient's insurance card should be made and included in the envelope with the test specimen.

3. Patients are encouraged to contact their insurance carrier to check on their insurance coverage prior to testing.

4. If a patient is aware that she is uninsured, due to a complete lack of insurance coverage or lack of coverage of the NTD test by her insurance carrier, the patient will be billed the Usual and Customary Rate of $160, absent a successful application for special pricing under NTD Lab's Patient Assistance Policy. Uninsured or non-covered patients who are interested in reviewing the Patient Assistance Policy and obtaining an application for consideration should contact NTD Billing at 631-425-0807. The Patient Assistance Program application form is also available on the NTD Labs website (www.ntdlabs.com) under the "Contact Us" tab. The Patient Assistance Policy will provide a reduction in pricing for patients with after tax annual incomes up to 400% of the Federal Poverty Level ($84,000 for a family of 4; $70,400 for a family of 3; and $56,000 for a family of 2).

5. Insurance Billing and Patient Payments:

a. NTD Labs is contracted with many insurance companies, however, like other labs, is not contracted with every insurance company. Standard operating procedure will remain to bill the insurance company the Usual and Customary Rate and to bill the patient her co-pay/deductible portion, as allowed by her insurance company. The current Usual and Customary Rate is $160 for first trimester screening and $280 for second trimester screening.

b. In instances where NTD Labs has billed the insurance company the Usual and Customary Rate, NTD Labs will accept payment by the insurance

company as payment in full – excluding any patient responsibility for co-pay/deductible, as allowed by the patient's insurance plan. As an example, if NTD Labs bills an insurance company the Usual and Customary Rate of $160 and are reimbursed $100 as the allowed charge by the insurance plan, NTD Labs will bill the patient only for any co-pay/deductible amount allowed under her insurance plan. NTD Labs will not bill the patient for the balance of charges up to the full Usual and Customary Rate of $160. Please note that this is NTD Labs' current billing policy and that the policy is subject to change in the future.

c. If NTD Labs receives no payment by the insurance company, NTD Labs will invoice the patient at the Usual and Customary Rate.

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Application: Reduction of Bill/Extended Payment Plan

Account Number _____ Patient Date of Birth _____

Patient Name _____

Address _____ Telephone _____

City _____ Email _____

State _____ Fax _____

Zip _____

Gross Monthly Income:

Self _____ Spouse _____ Other _____

Total _____

Number in Household _____

Monthly Household Expenses:

Mortgage _____ Rent _____ Insurance _____

Utilities _____ Car _____ Food _____

Medical _____ Other _____ Total _____

Patient or Guarantor Signature _____ **Date** _____

Final approval will require a copy of your most recent income tax return form accompanied by supporting W-2 or other wage verification. If you do not file a return, or if you have had significant financial changes, please explain on the back of this form. Return this form and all attachments to: NTD Labs, 403 Oakwood Rd., Huntington Station, NY 11746 Attn: Billing

We appreciate the opportunity to work with you to resolve your outstanding balance.

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