



Form 1c: U.S. Insurance Information

Impact Genetics is committed to providing the highest quality genetic testing to all patients. In many situations, genetic testing improves outcomes and quality of life and decreases total costs to the patient and healthcare system.

Processing medical insurance claims is usually challenging and time consuming. Many insurance companies require pre-authorization prior to testing. Impact Genetics supports insurance billing, completing coverage checks and pre-authorization.

It is important for patients to understand that insurance rarely covers 100% of the cost of genetic testing and that they will be financially responsible for some or all of the cost of testing. The patient is responsible for any portion of the test fee not covered by insurance for any reason, including but not limited to, co-payments, unmet deductibles, co-insurance and non-covered services. Prior determinations do not guarantee payment and the amount paid by insurance when the claim is submitted may be different from the coverage indicated during the pre-verification or pre-authorization process.

Pre-authorizations can take time to obtain depending on each individual insurance plan's policy and documentation requirements. Turnaround time for test results begins after the pre-authorization has been processed and approved.

Insurance process

1. Send **Form 1c: U.S. Insurance Information** as soon as possible.
2. Send **Form 1d: Credit Card Authorization for Non-Covered Services** to initiate testing immediately.
3. Insurance coverage will be investigated and patient/specialist will be contacted to provide coverage estimate if the patient's out of pocket costs are over \$300.00.
4. Insurance claim will be submitted upon completion of testing.
5. After insurance payment is received patient will be billed for non-covered services.

Note: Timely and complete submissions will enable faster insurance checks.



Send this form to Impact Genetics
BY FAX TO 905-697-9786

Form 1c: U.S. Insurance Information MLH1/MSH2/MSH6/PMS2/EPCAM
Somatic Tumor MMR Sequencing and Deletion/Duplication Test

Disease/Genetic Test

☐ Somatic Tumor MMR
Sequencing and Deletion/Duplication

ICD-10 Code **provide code here** →

CPT Codes: 81445

Insurance Information

☐ Primary insurance ☐ Secondary insurance
If Patient has secondary insurance, include the information
on an additional copy of this form with the secondary
insurance box checked.

Name of insured (if not Patient):

Insurance company:

Claims address:

City:

State: Zip code:

Country:

Group #:

Subscriber/member #:

Physician Information

Physician's name:

NPI:

Practice name:

Practice Address:

Telephone:

Fax:

Patient Information

Last name:

First name:

Date of birth: Y M D

Address:

City:

State: Zip code:

Country:

Telephone:

Contact Information

Details of insurance coverage will be communicated.
Please provide preferred telephone number(s):

☐ Patient ☐ Referring specialist

Telephone:

Alternate telephone:

Email:

☐ In the event Patient cannot be reached a voice message
related to somatic tumor MMR genetic testing may be
left at the above phone number(s)

Please Attach All of the Following

- Copies of both the front and back of insurance membership card(s)
- Letter of Medical Necessity, signed by Referring Specialist (contact Impact Genetics for template if needed)
- Clinic notes demonstrating the Patient's need for testing and confirmation of diagnosis
- Insurance approval details *if* prior pre-approval completed

Performing Lab - Impact Genetics

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t: 1-877-998-7837 f: 1-888-598-7568

e: info@impactgenetics.com *Please ensure to use secure email*

Testing process will be initiated when
Form Id: Credit Card Authorization for Non-Covered Services
is received or confirmation is received from insurance provider.