



PAYMENT OPTIONS

CMDX accepts three forms of payment for genetic testing:

◆ **Option 1: Institutional Billing**

We will bill the referring institution or an alternate facility. For institutional billing, please complete the Institutional Billing form.

◆ **Option 2: Patient Insurance**

Upon completion of the array service, CMDX will bill the patient’s health insurance company on the patient’s behalf for the total amount due. Please complete all information in the “Insurance” section of the Requisition **along with a copy of the insurance card.**

◆ **Option 3: Self-Pay**

Please submit total cost of analysis with patient sample. We accept checks, money orders, and credit cards (AMEX, Visa, MC, & Discover) as a method of payment. Checks should be made payable to CMDX.

Note: All international samples must be pre-paid (regardless of which option is chosen). Testing will not be performed until payment is received.

Payment Information

Check (*payable to CMDX*) VISA MASTERCARD AMEX

Credit Card Number: _____ Exp: _____

Name on Card: _____

Signature: _____

ACCEPTANCE

The patient/family is fully responsible for the complete costs of the specified test in the event that a claim on the patient’s health insurance proves unsuccessful.

I have read and understood these payment terms.

Printed Name of Patient

Printed Name (Patient or Patient’s Legal Representative) Signature Date

Please fax this completed form back to Client Services @ (949) 753-4725

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