



**IGeX, Inc.**  
**795/797 San Antonio Rd.**  
**Palo Alto, CA 94303**  
**800/832-3200**

**ADVANCE NOTICE FOR MEDICARE BENEFICIARIES  
WITH SENIOR PLANS**

IGeX Laboratory **is not** a provider with **any** Medicare Senior Plan. IGeX Laboratory is a provider with **regular Medicare**. Senior plans that are HMO, PPO, or Direct, IGeX Laboratory are considered an **out of network provider**.

This notice is to inform you that the reimbursement from your Medicare Senior Plan for our services may be reimbursed at an out of network level or may have a denial of payment for services.

The purpose of this form is to assist you to make an informed choice whether or not you want to receive these services, knowing that you may have the responsibility of paying for them yourself if your senior plan denies or pays at an out of network level of payment.

Please choose one option. Check one box. Sign and date your choice.

- Option 1. Yes I want to receive these services.  
I understand that my senior plan may not reimburse for these services or may reimburse at an out of network level. I will be responsible for any amounts not covered by my senior health plan.
  
- Option 2. No. I have decided not to receive these services.  
I will discuss this with my physician.

Date \_\_\_\_\_

Print name \_\_\_\_\_

Signature of patient \_\_\_\_\_

Physician Name \_\_\_\_\_

**Note: Your healthcare information will be kept confidential. Any information that we collect about you on this form will be kept in our office. If a claim is submitted for you this form may be shared with your Senior Plan. Your information will be kept confidential with your Senior Plan.**

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