



VibrantAmerica

REFERENCE BOOK

SECURE YOUR HEALTH
THE VIBRANT WAY

Dedicated to delivering clinically relevant tests at a rapid pace to enable affordable high-quality diagnostics.



Dear Practitioner and Staff,

Vibrant America Clinical Laboratories and our lab staff extend their warmest welcome to you and your staff and we look forward to servicing your account. I would like to personally thank you for entrusting our company with the care of your patients. I consider it an honor and a privilege to be able to work side by side with you to ensure that all of your laboratory needs are met.

To get started:

1. You will receive your initial supply order.
2. A Vibrant Representative will review this book with you and go over any questions.
3. You will ship your first samples to Vibrant. We call it “Vibrant Day”.
4. We will follow up with you to make sure that you were able to access your results and to answer any further questions.

We strive to provide you with the highest level of service in the industry. Accordingly, your feedback and comments are invaluable in evaluating our customer satisfaction goals and taking corrective action when needed.

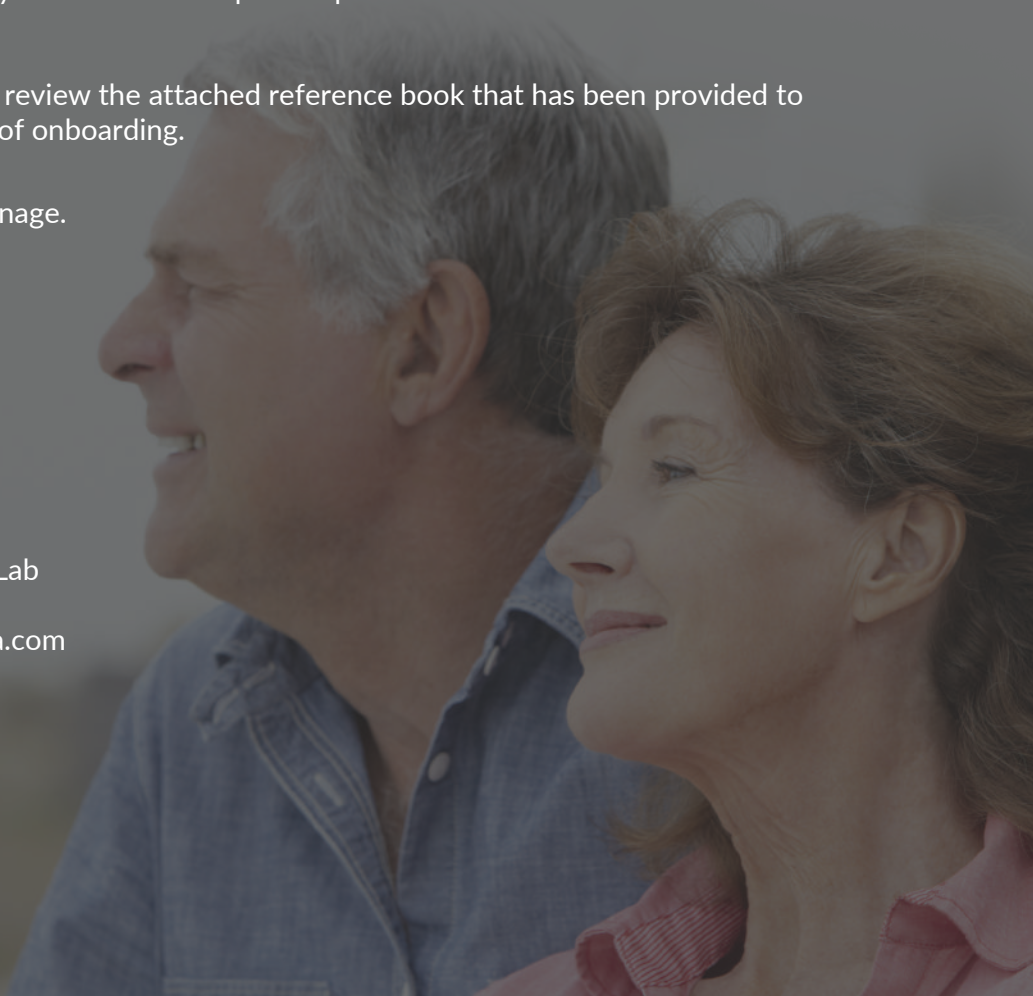
Our employees are committed to assisting you and your staff in complying with the complex regulations and compliance requirements associated with the submission of insurance claims. The laboratory will periodically provide you with notices and disclosures as required by our internal compliance policies. Feel free to contact us with questions you may have.

Please take a moment to review the attached reference book that has been provided to assist you in the process of onboarding.

Thank you for your patronage.

Sincerely,

Dr. Mervyn Sahud
Medical Director,
Vibrant America Clinical Lab
(866) 364-0963
support@vibrant-america.com



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CONTACT INFORMATION

One Phone Number for
ALL Your Calls :

866-364-0963

Customer Support (**Option 1**)
Billing General Info (**Option 2**)
Payment Support (**Option 3**)
Insurance Inquiries (**Option 4**)
Clinical Consultation (**Option 5**)
Supply Order/FedEx Pickup (**Option 6**)
All Other Inquiries (**Option 7**)

Customer Support Hours:

6:00 a.m to 5:00 p.m PST
Monday - Friday

FAX Number:

650-508-8262
650-331-7393

Address:

Vibrant America
1021 Howard Ave, Ste B
San Carlos, CA 94070

Customer Support Email:

support@vibrant-america.com

Billing Support Email:

billingteam@vibrant-america.com

Website:

www.vibrant-america.com
www.vibrant-wellness.com
www.vibrantgenomics.com



GETTING STARTED

This section outlines the four main steps you should follow to ensure a successful start-up with Vibrant America. Each of these steps will be covered in detail on the following pages.

The four steps are:

Step 1



Ordering Your
Collection Kit

Step 2



Completing the
Requisition
Form

Step 3



Collecting Test
Samples

Step 4



Shipping
Samples &
Requisition
Forms



Step 1: Ordering your collection kit

- To order kits and other supplies, please contact your Sales Representative or contact Support directly: Email us at **support@vibrant-america.com**, or call us at 866-364-0963.
- Standard kits contain tubes for up to 5 patients. We also have small kits for individual patients. Let us know your preference when ordering.
- Starting to run low on supplies? Order at least 7 days in advance so you do not run out.

Step 2: Completing the Requisition Form

Patient:

Patient's full name, DOB, phone number, gender, height, weight, and address are all required information.

ALL SECTIONS ARE REQUIRED. MISSING INFO WILL DELAY RESULTS.					
P A T I E N T	LAST		FIRST		M.I.
	DOB (MM/DD/YYYY)		DAYTIME PHONE		
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT FT	IN	WEIGHT LBS	
	ADDRESS CITY / STATE / ZIP				
	EMAIL ADDRESS				
*Email required for billing and online access to your results via our patient portal.			EMR # (if applicable):		

Provider:

Your clinic information will already be pre-printed on your requisitions. If there are multiple providers at your clinic, please make sure you put a checkmark next to your name to indicate the ordering provider.

Sign in the designated area.
Signature must be your own and stamp signatures are not allowed.

PROVIDER INFORMATION WILL DELAY RESULTS.	
<p>*Physician Signature (No Stamp): _____ Date ____/____/____</p> <p>By signing, I acknowledge that these tests are medically necessary for my patient and I authorize Vibrant America LLC to perform the test(s) indicated on this requisition form. I accept the Terms and Conditions as listed on the Vibrant America website.</p>	

Step 2: Completing the Requisition Form (continued)

Collection:

Your phlebotomist will already be listed on the requisition; it is very important for the person performing the draw to fill in the draw date.

For requisitions that contain tests where a stool sample is required, please make sure the patient indicates the collection date.

COLLECTION	
*PHLEBOTOMIST NAME/ID & DRAWING FACILITY	
*PATIENT DRAW DATE	
FASTING STATUS Y / N	HRS SINCE LAST MEAL

ICD-10 Codes:

Refer to our clinical utility book for guidance on selecting the proper ICD-10 codes that will support the tests ordered.

COLLECTION	
Physician : When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.	Provide ICD-10 Code(s) Here:
*PHLEBOTOMIST NAME/ID & DRAWING FACILITY	

Custom Panel:

If you elect to create your own Custom Panels, they will be listed in this section. A signed agreement will be required prior to use. Please contact your representative if you are interested.

PROVIDER ELECTED CUSTOM PANELS

Billing:

Select the appropriate "Bill To" option and provide the required information.

BILLING INFO - I
<input type="checkbox"/> Patient *(Provide payment information with sample)
<input type="checkbox"/> Client
<input type="checkbox"/> Insurance *(Provide front and back copy of insurance card. Secondary insurance is to be provided if available. <i>Please fill out section B.</i>)

Note:

Indicate any notes about the sample in this section.
(ex. If the sample is a Re-draw)

Notes:

Step 2: Completing the Requisition Form (continued)

Test Menu:

Clearly mark the tests you wish to order for your patient. Unclear test orders will require verification and may delay test results.

TEST MENU - I

- ☐ **Celliac & Nutrition (all)**
 - ☐ Celliac
 - ☐ Vibrant™ Anti-TTG IgA†
 - ☐ Vibrant™ Anti-TTG IgG†
 - ☐ Vibrant™ Anti-DGP IgA†
 - ☐ Vibrant™ Anti-Gliadin IgG†
 - ☐ Total IgA
 - ☐ Vibrant™ Celliac Genetics →
 - ☐ HLA-DQ2††
 - ☐ HLA-DQ8††
 - ☐ Anemia
 - ☐ Ferritin
 - ☐ Iron
 - ☐ UIBC
 - ☐ Transferrin
 - ☐ Nutrition
 - ☐ Folate
 - ☐ Vitamin D, 25-OH†
 - ☐ Vitamin B12
 - ☐ **Food Intolerance/Allergies**
 - ☐ Total IgE
 - ☐ Walnut†
 - ☐ Shrimp†
 - ☐ Peanut†
 - ☐ Fish†
 - ☐ Chocolate†
 - ☐ Wheat†
 - ☐ Soybean†
 - ☐ Egg White†
 - ☐ Beef†
 - ☐ Pork†
 - ☐ Milk†
 - ☐ Seafood Mix
 - ☐ **Upper Respiratory Disorder/Allergies**
 - ☐ Total IgE
 - ☐ Oak†
 - ☐ Elm†
 - ☐ Bermuda Grass†
 - ☐ Cat Dander†
 - ☐ Dog Dander†
 - ☐ Johnson Grass†
 - ☐ Alternaria
 - ☐ Ragweed†
 - ☐ Meadow Grass
 - ☐ Kentucky Blue†
 - ☐ Saltwort†
 - ☐ Russian Thistle†
- ☐ **Connective Tissue Panel (all)**
 - ☐ Rheumatoid Arthritis
 - ☐ RF
 - ☐ Anti-CCP3 IgG and IgA
 - ☐ hs-CRP
 - ☐ ANA IFA†
 - ☐ ENA 11 Profile
 - ☐ dsDNA
 - ☐ Scl-70†
 - ☐ Chromatin†
 - ☐ Centromere†
 - ☐ Histone†
 - ☐ RNA POL III†
 - ☐ Jo-1†
 - ☐ RNP†
 - ☐ SSA†
 - ☐ SSB†
- ☐ **Cardiac Health Panel (all)**
 - ☐ Lipids
 - ☐ Cholesterol
 - ☐ LDL Calculation
 - ☐ HDL Direct
 - ☐ Triglycerides
 - ☐ LDL Direct
 - ☐ Apolipoproteins
 - ☐ Apo A-1
 - ☐ Apo B
 - ☐ Inflammation
 - ☐ hs-CRP
 - ☐ ox-LDL†
 - ☐ MPO† →
 - ☐ Myocardial Stress
 - ☐ NT-proBNP
 - ☐ Lipoprotein Markers
 - ☐ sdLDL†
 - ☐ Lp(a)
- ☐ **Diabetes (all)**
 - ☐ **Glycemic Control**
 - ☐ Glucose
 - ☒ HbA1c →
 - ☒ GSP
 - ☐ **Insulin Resistance**
 - ☐ Adiponectin†
 - ☐ Ferritin
 - ☐ **Beta Cell Function**
- ☐ **Basic Metabolic Panel**
 - ☐ Electrolytes, Glucose, BUN, Creatinine, Calcium
- ☐ **Comprehensive Metabolic Panel**
 - ☐ Electrolytes, Glucose, BUN, Creatinine, Calcium, Albumin, Bilirubin, ALK, Total Protein, ALT, AST
- ☐ **Hepatic Function Panel (all)**
 - ☐ ALT
 - ☐ AST
 - ☐ ALK
 - ☐ Albumin
 - ☐ Billi, Total
 - ☐ Billi, Direct
 - ☐ Protein, Total
- ☐ **Renal Function Panel (all)**
 - ☐ Creatinine
 - ☐ BUN
 - ☐ Calcium
 - ☐ Glucose
 - ☐ Phosphorus
 - ☐ Albumin
- ☐ **Electrolytes**
 - ☐ Sodium
 - ☐ Chloride
 - ☐ Potassium
 - ☐ CO2
- ☐ **Thyroid (all)**
 - ☐ T3
 - ☐ T4
 - ☐ Free T3
 - ☐ Free T4
 - ☐ TSH
 - ☐ RT3†
 - ☐ Anti-TPO
 - ☐ Anti-TG
- ☐ **Hormones (all)**
 - ☐ Estradiol
 - ☐ FSH
 - ☐ DHEA-S
 - ☐ LH
 - ☐ SHBG
 - ☐ Cortisol
 - ☐ Testosterone, Total
 - ☐ Testo, Free (incl. Total, Albumin, SHBG)
 - ☐ Progesterone
 - ☐ Parathyroid Hormone
- ☐ **Tumor Markers (all)**
 - ☐ PSA, Total
 - ☐ PSA, Free
- ☐ **Hematology (all)**
 - ☐ CBC
 - ☐ CBC w/ diff. & platelets
 - ☐ Reticulocytes
- ☐ **Screening (ABO Required)**
 - ☐ PSA Screen (1x/year)
 - ☐ Cardiovascular Screen (1x/5years) (includes Cholesterol, Triglycerides, & HDL)
- ☐ **Other Markers**
 - ☐ Total IgM
 - ☐ Creatine Kinase
 - ☐ IgF-1
 - ☐ CoQ10, Total†
 - ☐ Cystatin C
 - ☐ Magnesium
 - ☐ GGT
 - ☐ LDH
 - ☐ Estrone†
 - ☐ Estrinol†
 - ☐ Fatty Acids: Omega-3 & 6†
 - ☐ Immature Platelet Fraction (IPF) →
 - ☐ Erythrocyte Sedimentation Rate (ESR)
 - ☐ Microalbumin, Urine →

Correct:

We can see clearly see that HbA1c and GSP are ordered.

☐ **Diabetes (all)**

- ☐ **Glycemic Control**
 - ☐ Glucose
 - ☒ HbA1c →
 - ☒ GSP
- ☐ **Insulin Resistance**
 - ☐ Adiponectin†
 - ☐ Ferritin
- ☐ **Beta Cell Function**

Incorrect:

We can see that HbA1c is clearly ordered. However, we would have to call and verify whether GSP is ordered in this case.

☐ **Diabetes (all)**

- ☐ **Glycemic Control**
 - ☐ Glucose
 - ☒ HbA1c →
 - ☐ GSP
- ☐ **Insulin Resistance**
 - ☐ Adiponectin†
 - ☐ Ferritin
- ☐ **Beta Cell Function**

When it comes to ordering tests, checking off the box next to the panel name means ordering all individual tests listed below within the panel – only 1 check mark is needed.

In this case, the complete Diabetes panel has been selected, so all the Glycemic Control, Insulin Resistance, and Beta Cell Function tests will be ordered.

☒ **Diabetes (all)**

- ☐ **Glycemic Control**
 - ☐ Glucose
 - ☐ HbA1c →
 - ☐ GSP
- ☐ **Insulin Resistance**
 - ☐ Adiponectin†
 - ☐ Ferritin
- ☐ **Beta Cell Function**
 - ☐ Insulin

Sample Requisition Form



VibrantAmerica

1021 Howard Avenue, Suite B | San Carlos, CA 94070
PH (866) 364-0963 | Fax (650) 508-8262

ALL SECTIONS ARE REQUIRED. MISSING INFORMATION WILL DELAY RESULTS.			
Patient LAST: _____ FIRST: _____ M.I.: _____ DOB (MM/DD/YYYY): 01/01/1901 DAYTIME PHONE: 555-555-5555		Test Clinic Dr. Test 123 Test Street, Test, CA 00000	
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HEIGHT: 5'4" FT IN WEIGHT: _____ LBS		Physician Signature (No Stamp): _____ Date: 01/01/2017 <small>By signing, I acknowledge that these tests are medically necessary for my patient and authorize Vibrant America LLC to perform the test(s) indicated on this requisition form. I accept the Terms and Conditions as listed on the Vibrant America Website.</small>	
Address 1021 Howard Ave San Carlos CA 94010		Physician <small>When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.</small>	
EMAIL ADDRESS support@vibrant-america.com		EMR # (if applicable): _____	
COLLECTION *PHLEBOTOMIST NAME/ID & DRAWING FACILITY Vibrant America Bob Baker (203)			
PROVIDER ELECTED CUSTOM PANELS K90.0 E59.9 J31.0 I10 E11.9			
*PATIENT DRAW DATE 01/01/17 @ 11.15 AM			
FASTING STATUS Y / N			
HRS SINCE LAST MEAL 12			
TEST MENU - I			
<div> <div> <input type="checkbox"/> Celiac & Nutrition (all) <input type="checkbox"/> Celiac <input type="checkbox"/> Vibrant™ Anti-tTG IgA† <input type="checkbox"/> Vibrant™ Anti-tTG IgG† <input type="checkbox"/> Vibrant™ Anti-dGP IgA† <input type="checkbox"/> Vibrant™ Anti-Gliadin IgG† <input type="checkbox"/> Total IgA <input type="checkbox"/> Vibrant™ Celiac Genetics → <input type="checkbox"/> HLA-DQ2†† <input type="checkbox"/> HLA-DQ8†† <input type="checkbox"/> Anemia <input type="checkbox"/> Ferritin <input type="checkbox"/> UIBC <input type="checkbox"/> Transferrin <input type="checkbox"/> Folate <input type="checkbox"/> Vitamin D, 25-OH† <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Food Intolerance/Allergies <input type="checkbox"/> Total IgE <input type="checkbox"/> Walnut† <input type="checkbox"/> Peanut† <input type="checkbox"/> Fish† <input type="checkbox"/> Chocolate† <input type="checkbox"/> Wheat† <input type="checkbox"/> Soybean† <input type="checkbox"/> Egg White† <input type="checkbox"/> Beef† <input type="checkbox"/> Pork† <input type="checkbox"/> Milk† <input type="checkbox"/> Seafood Mix† <input type="checkbox"/> Upper Respiratory Disorder/Allergies <input type="checkbox"/> Total IgE <input type="checkbox"/> Elm† <input type="checkbox"/> Cat Dander† <input type="checkbox"/> Dog Dander† <input type="checkbox"/> Johnson Grass† <input type="checkbox"/> Alternaria Alternata† <input type="checkbox"/> Redtop† <input type="checkbox"/> Benigrass† <input type="checkbox"/> House Dust <input type="checkbox"/> Mite† <input type="checkbox"/> Meadow Grass <input type="checkbox"/> Kentucky Blue† <input type="checkbox"/> Saltwort/ <input type="checkbox"/> Russian Thistle† </div> <div> <input type="checkbox"/> Connective Tissue Panel (all) <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> RF <input type="checkbox"/> Anti-CCP3 IgG and IgA <input type="checkbox"/> hs-CRP <input type="checkbox"/> ANA IFA† <input type="checkbox"/> ENA 11 Profile <input type="checkbox"/> dsDNA <input type="checkbox"/> Scl-70† <input type="checkbox"/> Centromere† <input type="checkbox"/> RNA POL III† <input type="checkbox"/> Jo-1† <input type="checkbox"/> RNP† <input type="checkbox"/> SSA† <input type="checkbox"/> SSB† <input type="checkbox"/> Cardiac Health Panel (all) <input type="checkbox"/> Lipids <input type="checkbox"/> Cholesterol <input type="checkbox"/> LDL Calculation <input type="checkbox"/> HDL Direct <input type="checkbox"/> Triglycerides <input type="checkbox"/> LDL Direct <input type="checkbox"/> Apolipoproteins <input type="checkbox"/> Apo A-1 <input type="checkbox"/> Apo B <input type="checkbox"/> Inflammation <input type="checkbox"/> Lp-PLA₂ <input type="checkbox"/> hs-CRP <input type="checkbox"/> ox-LDL† <input type="checkbox"/> MPO† → <input type="checkbox"/> Myocardial Stress <input type="checkbox"/> NT-proBNP <input type="checkbox"/> Lipoprotein Markers <input type="checkbox"/> sdLDL† <input type="checkbox"/> Lp(a) </div> <div> <input checked="" type="checkbox"/> Diabetes (all) <input type="checkbox"/> Glycemic Control <input type="checkbox"/> Glucose <input type="checkbox"/> HbA1c → <input type="checkbox"/> GSP <input type="checkbox"/> Insulin Resistance <input type="checkbox"/> Adiponectin† <input type="checkbox"/> Ferritin <input type="checkbox"/> Beta Cell Function <input type="checkbox"/> Insulin <input type="checkbox"/> Basic Metabolic Panel (Electrolytes, Glucose, BUN, Creatinine, Calcium) <input type="checkbox"/> Comprehensive Metabolic Panel (Electrolytes, Glucose, BUN, Creatinine, Calcium, Albumin, Bil, Total, ALK, Total Protein, ALT, AST) <input type="checkbox"/> Hepatic Function Panel (all) <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> ALK <input type="checkbox"/> Albumin <input type="checkbox"/> Bil, Total <input type="checkbox"/> Bil, Direct <input type="checkbox"/> Protein, Total <input type="checkbox"/> Renal Function Panel (all) <input type="checkbox"/> Creatinine <input type="checkbox"/> BUN <input type="checkbox"/> Calcium <input type="checkbox"/> Glucose <input type="checkbox"/> Phosphorus <input type="checkbox"/> Albumin <input type="checkbox"/> Electrolytes <input type="checkbox"/> Sodium <input type="checkbox"/> Chloride <input type="checkbox"/> Potassium <input type="checkbox"/> CO₂ <input type="checkbox"/> Thyroid (all) <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> TSH <input type="checkbox"/> Anti-TPO <input type="checkbox"/> RT3† <input type="checkbox"/> Anti-TG </div> <div> <input type="checkbox"/> Hormones (all) <input type="checkbox"/> Estradiol <input type="checkbox"/> FSH <input type="checkbox"/> DHEA-S <input type="checkbox"/> LH <input type="checkbox"/> SHBG <input type="checkbox"/> Cortisol <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Testo, Free (Incl. Total, Albumin, SHBG) <input type="checkbox"/> Progesterone <input type="checkbox"/> Parathyroid Hormone <input type="checkbox"/> Tumor Markers (all) <input type="checkbox"/> PSA, Total <input type="checkbox"/> PSA, Free <input type="checkbox"/> Hematology (all) → <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/ diff. & platelets <input type="checkbox"/> Reticulocytes <input type="checkbox"/> Screening (ABN Required) <input type="checkbox"/> PSA Screen (1x/year) <input type="checkbox"/> Cardiovascular Screen (1x/5years) (includes Cholesterol, Triglycerides, & HDL) <input type="checkbox"/> Other Markers <input type="checkbox"/> Total IgG <input type="checkbox"/> Total IgM <input type="checkbox"/> Uric Acid <input type="checkbox"/> Creatine Kinase <input type="checkbox"/> IGF-1 <input type="checkbox"/> CoQ10, Total† <input type="checkbox"/> Cystatin C <input type="checkbox"/> Magnesium <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> Estrone† <input type="checkbox"/> Estriol† <input type="checkbox"/> Fatty Acids: Omega-3 & 6† → <input type="checkbox"/> Immature Platelet Fraction (IPF) → <input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR) → <input type="checkbox"/> Microalbumin, Urine → </div> </div>			
BILLING INFO - I <input type="checkbox"/> Patient (Provide payment information with sample) <input type="checkbox"/> Client <input checked="" type="checkbox"/> Insurance (Provide front and back copy of insurance card. Secondary insurance is to be provided if available. Please fill out section 6.)		VA LAB USE ONLY SST EDTA Plasma ESR Urine	
Notes:		* ALL TESTS REQUIRE SST TUBE UNLESS STATED OTHERWISE: <small>† These tests were developed by and performance characteristics were determined by Vibrant America. †† This test was developed by and performance characteristics were determined by Vibrant Genomics, CLIA 0501096412. Indicated tests are not FDA-cleared or approved. The laboratories are regulated under CLIA as qualified to perform high-complexity testing. These tests are used for clinical purposes. It should not be regarded as investigational or for research.</small>	

White Copy—Laboratory Yellow Copy—Office Laboratory Director: Mervyn Sahud, M.D. | CLIA:05D2078809 | CLF: 00346278 | NPI: 1407264500 | CAP: 8970308

MK-0010-24

Please Note:

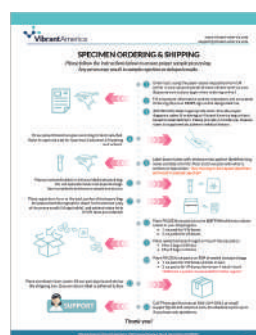
Please contact the Support team at support@vibrant-america.com to obtain a copy of the most up-to-date requisition form.

Step 3: Collecting Test Samples

The following pages provide detailed instructions on how to properly collect and handle samples that you are sending to Vibrant America. We are committed to providing high quality results and a key component is receiving quality samples.

The following pages outline instructions on:

- **Specimen Collection & Handling**
- **Specimen Ordering & Shipping**



Please Note: Be sure that the name on the requisition form exactly matches the name on their insurance card or Medicare card. Each sample must have the patient's full name (first and last), and date of birth. The collection date and time must also be included on the requisition form to ensure the quality and reliability of results.

Specimen Collection & Handling

Rejection Criteria

- Unlabeled or mislabeled tubes (must have 2 patient identifiers, e.g. full name and DOB, and match with requisition exactly, no nicknames or abbreviations).
- Delayed specimen shipping (must ship samples daily).
- Sample arrival at room temperature.
- Hemolytic, icteric, or overly lipemic samples (test-specific).
- Improperly processed tubes.

Shipping Instructions

- Draw samples Monday through Friday. We are open to receive samples on Saturday.
- We do not recommend drawing and shipping samples on Saturday, as we are closed on Sunday.
- Pre-freeze your ice packs at least 24 hours before use.
- To schedule a pick-up, please contact Vibrant America.

Please draw and process tubes in the following order:

01

GBO 9.0mL SST (Red Cap-Yellow Ring)

- **Draw this tube 1st**
- **Fasting:** Recommend 10–12 hours (for VA tests only)
- **Processing:** Gently invert tube 5-6 times to mix adequately. Allow to clot standing upright in tube rack for 30 minutes. Place tube in centrifuge.
- **Centrifuge:** 3,300 RPM for 15 mins ***must be spun within 2 hours of draw**
- **VA Tests:** All, except those listed with other tubes.
- **VW Tests:** Wheat Zoomer, Neural Zoomer, Food Sensitivity, IBSSure



02

BD 3.0 mL Plasma Separator (Light Green) & Transfer Tube (Clear)

- **Draw this tube 2nd**
- **Fasting:** Not required
- **Processing:** Gently invert plasma separator tube 8-10 times to mix adequately. Centrifuge tube. Pour off plasma into transfer tube. NOTE: Transfer tube must be labeled as "plasma," along with 2 patient identifiers.
- **Centrifuge:** 3,300 RPM for 15 mins ***must be spun within 2 hours of draw**
- **VA Tests:** Myeloperoxidase (MPO)
- **VW Tests:** None



03

BD 4.0 mL K2EDTA (Lavender)

- **Draw this tube 3rd**
- **Fasting:** Not required
- **Processing:** Gently invert 8-10 times to mix adequately.
- **DO NOT CENTRIFUGE**
- **VA Tests:** Celiac Genetics, HbA1c, CBC w/ diff. and platelets, Reticulocytes, Immature Platelet Fraction, Vibrant Genetics, Omega Fatty*
- **VW Tests:** Celiac Genetics, CardiaX, ApoE

*Omega Fatty needs its own lavender tube.



04

ESR Vacuum Tube 1.2 mL (Black)

- **Draw this tube 4th**
- **Fasting:** Not required
- **Processing:** Must be filled exactly to line on bottom of tube label. Gently invert tube 8-10 times to mix blood adequately.
- **DO NOT CENTRIFUGE**
- **VA Tests:** Erythrocyte Sedimentation Rate (ESR)
- **VW Tests:** None

*Locations above 2500 ft. will need to use the alternate high altitude tube, available by request, otherwise specimen will be underfilled and rejected.



05

Urine Transfer Tube 10 mL (Yellow)

- **Fasting:** Not required
- **Processing:** Collect urine sample in a urine cup and transfer to urine tube, by hand or with transfer straw. Samples left in urine cup will **NOT** be accepted.
- **VA Tests:** Microalbumin, urine
- **VW Tests:** None



1. LABEL ALL TUBES WITH TWO PATIENT IDENTIFIERS.
2. PLEASE REFER TO OPPOSITE SIDE FOR COMPLETE INSTRUCTIONS.

Specimen Ordering & Shipping

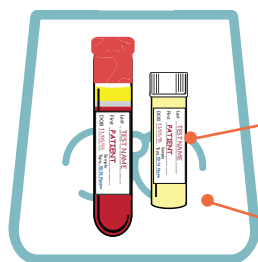
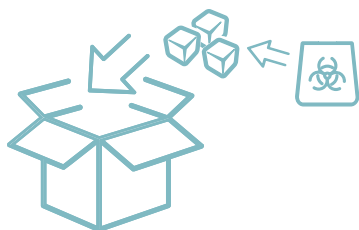
Please follow the instructions below to ensure proper sample processing. Any errors may result in sample rejection or delayed results.

- Order tests using the paper-based requisition form OR online in your account portal at www.vibrant-america.com. (Separate instructions apply when ordering online.)
- Fill out patient information section completely and accurately. Ordering physician **MUST** sign on the designated line.
- (PHYSICIAN) Select appropriate tests. Provide proper diagnosis codes (if ordering on Vibrant America requisition) based on selected tests. Please provide 2-3 codes per disease state, as supported by patient's medical history.
- Draw patient blood samples according to tests selected. Refer to previous page for Specimen Collection & Handling instructions.
- Label drawn tubes with minimum two patient identifiers (e.g. name and date of birth). Must match exactly with what is written on requisition.
Any missing or discrepant identifiers will result in sample rejection
- Place processed tube(s) in the provided biohazard bag. Do not separate tubes into separate bags. Seal completely and ensure samples are secure.
- Place requisition form in the back pocket of biohazard bag. Include patient demographics sheet, front and back copy of insurance card(s) (if applicable), and patient intake form (if VW tests are ordered).
- Place FROZEN ice pack(s) on the **BOTTOM** of the styrofoam cooler in your shipping box.
 - 1 ice pack for VW boxes
 - 2 ice packs for VA boxes
- Place sealed biohazard bag(s) on top of the ice pack(s)
 - Max 1 bag in VW box
 - Max 5 bags in VA box
- Place FROZEN ice pack(s) on **TOP** of sealed biohazard bags.
 - 1 ice pack for VW boxes (2 total in box)
 - 2 ice packs for VA boxes (minimum 4 total in box)**Additional ice packs recommended for hotter regions/seasons**
- Place styrofoam lid on cooler, fill out packing slip and seal up the shipping box. Ensure return label is adhered to box.
- Call Support at **866-364-0963** or email support@vibrant-america.com, to schedule a pick up or if you have any questions.

Step 4: Shipping Samples and Requisition Forms

The following outlines instructions on how to:

- Package samples for shipment
 - Schedule a FedEx pick-up
- Place ice packs, located inside the cooler, into the freezer immediately upon receipt.
 - Ice packs must be frozen for 24 hours prior to shipping.
 - Place samples between ice packs when shipping.



Last Name **TEST NAME**
 First Name **PATIENT**
 DOB **11/05/55** Sample Type **EDTA Plasma**

- Requisition forms, patient demographics, and copies of patient insurance should be folded and placed in the back pouch of the biohazard bag.

Double check the following for completion prior to packing:

1. ALL tubes are labeled with minimum two patient identifiers (e.g. name, DOB), no nicknames or abbreviations.
2. ALL tubes have been processed according to Vibrant's Specimen Collection & Handling guidelines.
 - SST (red/yellow top) and plasma (light green top) tubes, if drawn, have been properly spun
 - Plasma has been poured off into the transfer tube and labeled "plasma" along with patient identifiers
 - EDTA & ESR tubes were properly inverted right after draw
 - Do not separate tubes into separate bags
3. Requisition form is completely filled out and placed on outside pocket of biohazard bag. Please check if:
 - PATIENT INFORMATION is completely and accurately filled out
 - PHYSICIAN SIGNATURE LINE is signed
 - COLLECTION DATE/TIME is written, along with phlebotomist name, in collection section
 - DIAGNOSIS CODES are provided (VA REQ ONLY)
4. Required documents are attached with requisition:
 - Patient demographics page
 - Front and back copy of insurance card(s) (if applicable)
 - Patient intake form (if applicable)
5. Required # of frozen ice packs are included in cooler with sample
 - Minimum 2 ice packs for VW logo box
 - Minimum 4 ice packs for VA logo box

FedEx Pick-up

- A FedEx pick-up can be scheduled by calling Vibrant America Customer Support at 866-364-0963 option 6.
- We recommend that you make photocopies of your shipping label or record the tracking number before shipping. This will be helpful in case there is a delay in transit and we need to try and locate your package.

Results & Reporting

Vibrant America offers four options for receiving your patient results. Your sales representative will discuss these with you during the start-up process and work with you to determine the best option and set you up accordingly. The following are the four options:



Online Results

Retrieve results directly from our web portal. You will have real time access to your results as they are completed and released. You will be assigned an initial user name and password to access the system. This will be provided to you by your sales representative or customer support.



Fax Results

Receive your patient reports via your fax machine or electronic fax once all results have been completed and released.



Interface/Electronic Medical Record

Your sales representative will be able to provide you additional information and guidelines on this option.



Paper Results

Receive color paper copies of your patient reports through the mail. This option is available by request only.

The following section of the Reference Book outlines:

- » Instructions on how to access test reports
- » Understanding the Patient Test Report
- » How to navigate the web portal

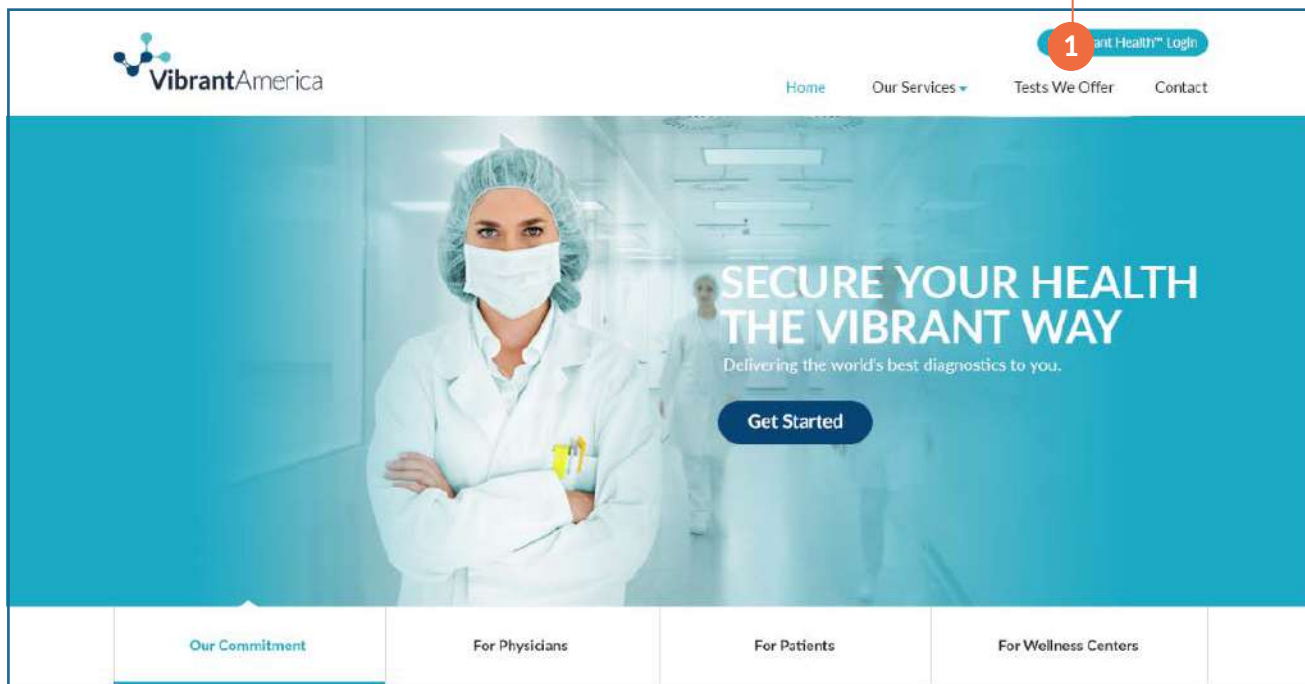


Results & Reporting

I. Web Portal Log-in Instructions

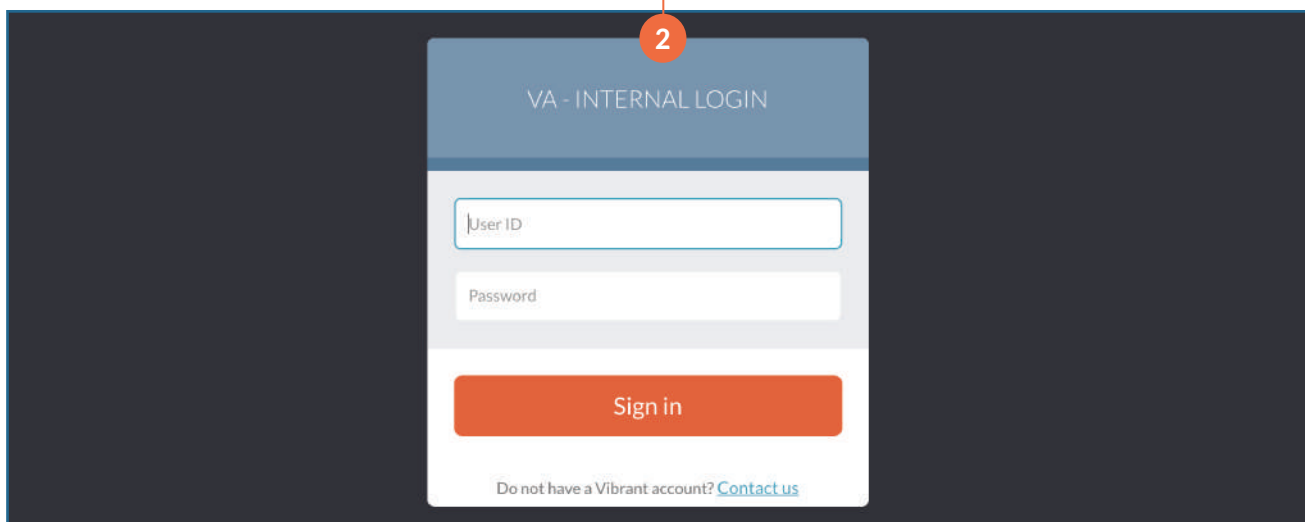
1

1. Go to : www.vibrant-america.com
2. Click on 'My Vibrant Health™ Login'



2

3. Enter your User ID and Password*
4. Click "Sign In"



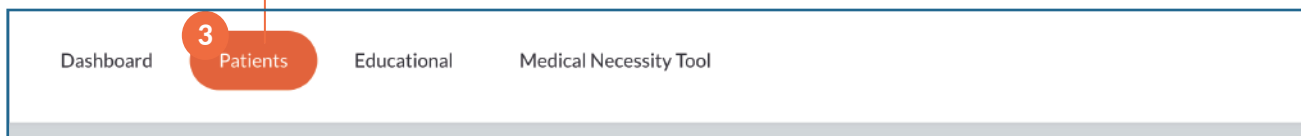
*If you need your username and password please call customer support at **866-364-0963**.

Results & Reporting

II. User Inbox: Quick Glance

3

Go to 'Patients' tab



* The user inbox lists your most recently accessioned patients. The view is defaulted to sort by patient and accessioning date.

Search for the patient :

4

Search by name

PATIENTS

☐ Pending ☐ New ☐ Flagged

Select Current Page Unselect All Batch Report Batch Requisition

Search Patient **4** testname Patient First Name Patient Birth Date Search Clear

Excel CSV PDF Print

10 records per page

Name (Last, First)	MRN	Age	DOB	Gender	Address	Phone	Email	Last Service	Flag
5 TESTNAME, PATIENT 11/30/2015 08/20/2015 05/20/2015 02/18/2015		23	10/10/1994	Female	1021 HOWARD AVENUE SUITE B, SAN CARLOS, CA-94070	866-364-0963		11/30/2015	

5

Click to view patient results by date

View patient profile :

PERSONAL INFORMATION LIFESTYLE CONDITIONS & FAMILY HISTORY

PATIENT TESTNAME

Age 23
(born 10/10/1994)

169 lbs
7'1"
BMI 16.4
[History](#)

1021 HOWARD AVENUE SUITE B,
SAN CARLOS,
866-364-0963

Father: Hispanic Or Latino
Mother: Native American

2 children

[Share Results](#) [View Report](#) [View Requisition Form](#) [Previous Samples](#)

Results & Reporting

II. User Inbox: Quick Glance (continued)

View patient lifestyle:

PERSONAL INFORMATION	LIFESTYLE	CONDITIONS & FAMILY HISTORY
Good Sleeper	Exercise 3 Or 4 Times A Week	Sedentary
Vegan	Never	Never

View patient conditions and family history:

PERSONAL INFORMATION	LIFESTYLE	CONDITIONS & FAMILY HISTORY
Medical Conditions Tuberculosis, Myopia	Food Allergies Eggs	Family History Cancer MOTHER, BROTHER Stroke MOTHER, FATHER, MATERNAL GRANDMOTHER
Surgeries & Hospitalizations Surgery, Injury to right foot	Medication Allergies	

View all reports and requisition forms, of the patient, under personal information:

6 Select result by service date

7 Test completion

8 View current report

9 View current requisition

10 View history of reports/reqs

Profile	Service date 6 11/30/2015	7 4 TESTS COMPLETED, 0 TESTS PENDING 854 Completed
PERSONAL INFORMATION	LIFESTYLE	CONDITIONS & FAMILY HISTORY
PATIENT TESTNAME	Age 23 (born 10/10/1994)	169 lbs 7'1" BMI 16.4 History
1021 HOWARD AVENUE SUITE B, SAN CARLOS, 866-364-0963	Father: Hispanic Or Latino Mother: Native American	2 children
New Report	New Requisition Form	Previous Samples

Results & Reporting

II. User Inbox: Quick Glance (continued)

View report:

11 Download report

VibrantAmerica

Final Report Date: 07-05-2017 12:26 Specimen Collected: 11-30-2015
Accession ID: 1512010000 Specimen Received: 12-01-2015 00:00

Last Name	First Name	Middle Name	Date of Birth	Gender	Physician ID
TESTNAME	PATIENT		1994-10-10	Female	999994

P Name: PATIENT TESTNAME
A Date of Birth: 1994-10-10
T Gender: Female
I Age: 22
E Medical Record Number:
N Telephone #: 866-364-0963
T Street Address: 1021 HOWARD AVENUE SUITE B
City: SAN CARLOS
State: CA
Zip #: 94070
Email:
Fasting: FASTING No. of hours: 12.0
EMR #:

P Practice Name: Demo Client, MD
R Provider Name: Demo Client, MD (999994)
O Street Address: 1021 HOWARD AVENUE
V City: SAN CARLOS
I State: CA
D Zip #: 94070
E Telephone #: 1-800-842-7268
R Fax #:
For doctor's reference
CRITICAL VALUE FOR Glucose(Diabetes) - 20 mg/dL
CRITICAL VALUE FOR Potassium - >10.0 mmol/L
CRITICAL VALUE FOR Glucose(Renal) - 16 mg/dL
CRITICAL VALUE FOR Platelet Count - 14.9 x 10³/µL

View requisition form:

12 Download requisition form

VibrantAmerica

ALL SECTIONS ARE REQUIRED, MISSING INFORMATION WILL DELAY RESULTS.

P PATIENT INFORMATION
A NAME (LAST/FIRST/INITIAL)
T DATE OF BIRTH
I GENDER
E HEIGHT FT IN WEIGHT LBS
N ADDRESS
T CITY / STATE / ZIP
R PHYSICIAN INFORMATION
O NAME
V ADDRESS
I CITY / STATE / ZIP
D PHONE
E FAX
R SIGNATURE (No Stamp)
By signing, I acknowledge that these tests are medically necessary for my patient and I authorize Vibrant America LLC to perform the test(s) indicated on this requisition form. I agree to the Terms and Conditions as listed on the Vibrant America website.

Physician When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test. The laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an A&N.

COLLECTION
PHLEBOTOMIST NAME/ID & DRAWING FACILITY
PATIENT DRAW DATE
PROVIDER ELECTED CUSTOM PANELS

View results online:

From patient profile, scroll to 'Patient Results'.

17

Patient Results

Filter Test Results

Test not performed In Control Moderate High Risk No Reference Range Pending results Test not ordered Not Paid

VibrantAmerica VibrantGenomics Wheat Zoomer GutZoomer Cardiax NeuralZoomer FoodSensitivity

IBSSure **MicroNutrient**

TOTAL IGA

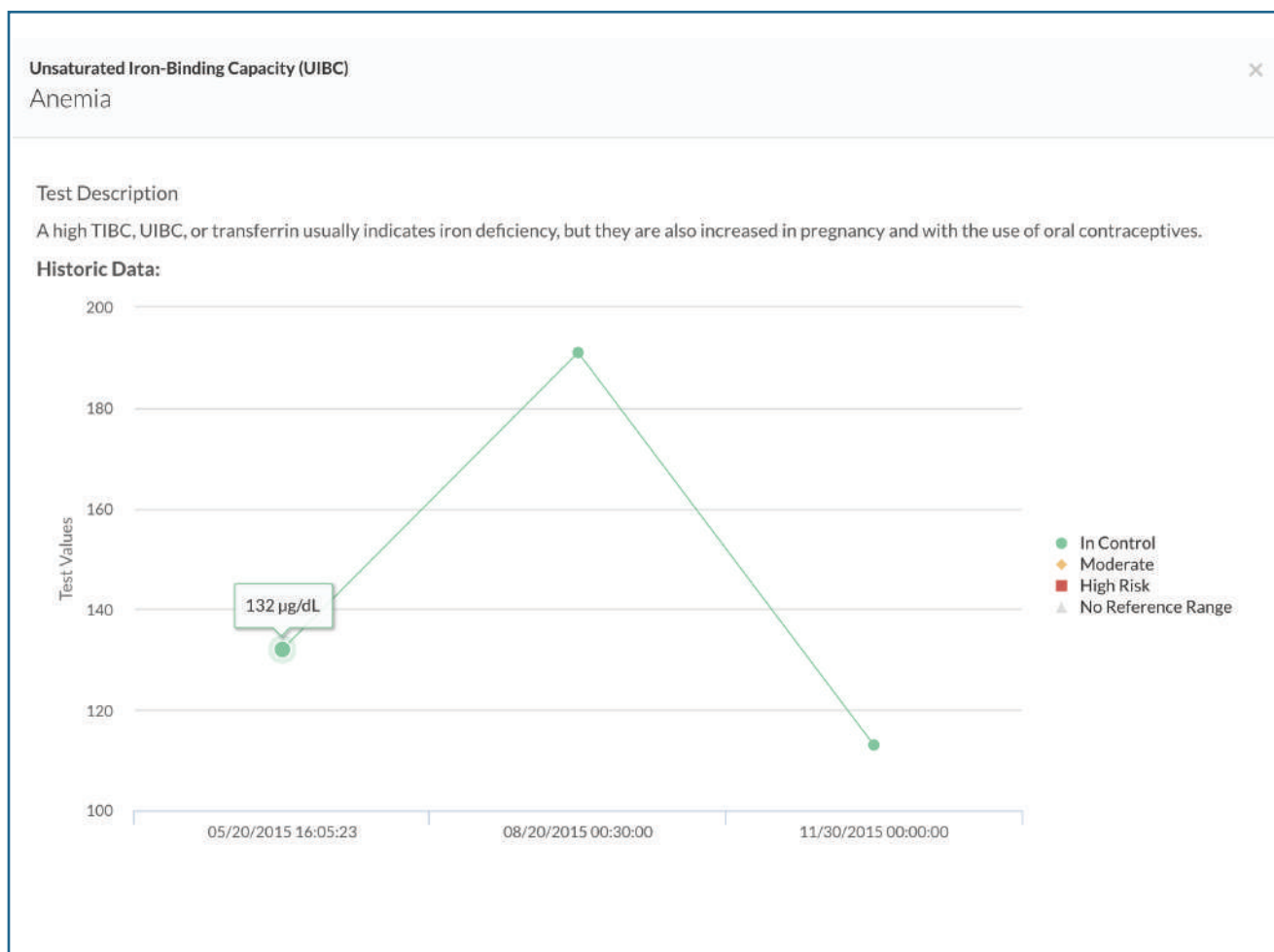
Test Name	Results	In Control	Moderate	High Risk
Total IgA	78	89-404	488.6-405	

Results & Reporting

II. User Inbox: Quick Glance (continued)


13 Click test to view patient history of results.

ANEMIA					
Test Name	Results	In Control	Moderate	High Risk	
Ferritin ⓘ ng/mL	199	13–150		≤12 & ≥151	199
Iron ⓘ ug/dL	109	37–145		≤36 & ≥146	109
UIBC ⓘ μg/dL	113	112–347		≤111 & ≥348	113



Results & Reporting

Interpreting the patient test report


VibrantAmerica

1 **Final Report Date:** 01-30-2018 18:14
Accession ID: 1611040000

Specimen Collected: 11-03-2016
Specimen Received: 11-04-2016 00:00

Last Name	First Name	Middle Name	Date of Birth	Gender	Physician ID
TESTNAME	PATIENT		1994-10-10	Female	999995

3 **P A T I E N T**
 Name: PATIENT TESTNAME
 Date of Birth: 1994-10-10
 Gender: Female
 Age: 23
 Height: 7'1" Weight: 169 lbs
 Medical Record Number:
 Telephone #: 866-364-0963
 Street Address: 1021 HOWARD AVENUE SUITE B
 City: SAN CARLOS
 State: CA
 Zip #: 94070
 Email:
 Fasting: FASTING No. of hours: 12.0
 EMR #:

P R O V I D E R
 Practice Name: Missing Client, MD
Provider Name: Missing Client, MD (999995)
 Phlebotomist: 999999
 Street Address: 12150 HENNO ROAD
 City: GLEN ELLEN
 State: CA
 Zip #: 95442
 Telephone #: 1-510-882-2608
 Fax #: 1-650-331-7393
 For doctor's reference
CRITICAL VALUE FOR Sodium - <80LC mmol/L
CRITICAL VALUE FOR Potassium - >10.0HC mmol/L
CRITICAL VALUE FOR Glucose(Renal) - 16LC mg/dL
CRITICAL VALUE FOR Platelet Count - 14.0LC x 10³/μL
CRITICAL VALUE FOR Magnesium - >9.7HC mg/dL

4

The comments in this report are meant only for potential risk mitigation.
Please consult your physician for medication, treatment or life style management

Total IgA	Current	Reference Range	Previous
Total IgA (mg/dL)	78 L	89~404	78 L (11/30/2015)

(Above is the sample report.)

1. Specimen Information

Report Date: Date and time report generated.

Final: Complete report that includes all test results.

Amended: Complete report with one or more results corrected.

Preliminary: Partially completed report with one or more test results pending.

Accession ID: An unique identifier for the specimen.

Specimen Collected/Received: Lists date of collection, as written on requisition, and the receipt date by the laboratory.

2. An abbreviated demographic section

3. Complete Specimen Demographic Information

A comprehensive demographic section, which includes both the patient and provider information located on the first page of each report. Requisition forms must be filled out completely to ensure that the patient test report will be populated accurately.

4. Internal lab notes to the provider that require special attention. Mainly includes critical value alerts or notification of amended results. Critical values are test results that are below or exceed established low or high limits, as defined by the laboratory for certain analytes. Critical values must require prompt clinical attention to avoid significant patient morbidity or mortality.

5. Reference Range: An established measurement defined as the interval between which 95 - 97.5% of the values from a healthy or reference population fall into the distribution of these values. For test results below or above the reference range are indicated with an "L" or "H" next to the results, respectively. Suggestion on the utilization of interpretative comments if provided.

Results & Reporting

Interpreting the patient test report (continued)

6

Celiac & Gluten Sensitivity	Test name	Negative	Borderline	Positive	Negative Range	Borderline Range	Positive Range	Previous
	Vibrant™ Anti-tTG IgA*			2.06	≤0.94	0.95~1.05	≥1.06	2.06 11/30/2015
	Vibrant™ Anti-tTG IgG*			1.09	≤0.94	0.95~1.05	≥1.06	1.09 11/30/2015
	Vibrant™ Anti-DGP IgA*	0.45			≤0.94	0.95~1.05	≥1.06	0.45 11/30/2015
	Vibrant™ Anti-Gliadin IgG*			3.10	≤0.94	0.95~1.05	≥1.06	3.10 11/30/2015

7

8

9

Nutrition	Test name	In Control	Moderate	High Risk	In Control Range	Moderate Range	High Risk Range	Previous
	Folate (ng/mL)	>20.0			≥4.6		≤4.5	>20.0 11/30/2015
	Vitamin D, 25-OH* (ng/mL)			15	≥30		≤29	15 11/30/2015
	Vitamin B12 (pg/mL)			128	≥211		≤210	128 11/30/2015

10

Comments

Likely vitamin D deficiency. Consider increasing vitamin D intake (e.g., adequate sun exposure and diet supplementation); Associated with anemia, malnutrition, and malabsorption. Treat underlying cause.

(Above is the sample report.)

6. Test Panels / Classifications

A predetermined group of laboratory tests which associates with a specific health or medical condition, will be placed under an unique test panel or classification.

7. Index cutoff values for qualitative test results. The index cutoff values are determined by the laboratory through careful correlation to the calibrator that is based on testing of normal and disease-state specimens. A Correction Factor has also been assigned for the generation of the calibrator to correct for the slight day-to-day variations in test results.

8. **Historical Results:** The previous results are reported as a reference only if the following information is exactly matching: the patient's first and last name; the patient's DOB; the patient's gender.

9. Clinical interpretation of test results based on references or laboratory established reference range. Test results reported as In Control will be colored green indicating a low health risk association, in Moderate will be colored yellow indicating a moderate health risk association, or in High Risk will be colored red indicating a high health risk association.

10. Advice on the interpretation of test results which may suggest possible diagnoses and/or additional investigation. Assessment of the comments should be considered only as a guide, not a definition of unequivocal solutions.

Results & Reporting

Vibrant America Test Sample Report



VibrantAmerica

Final Report Date: 01-30-2018 18:14
Accession ID: 1611040000

Last Name	First Name
TESTNAME	PATIENT

Anemia	Current
Ferritin (ng/mL)	198
Iron (ug/dL)	10
UIBC (ug/dL)	11
TIBC (ug/dL)	22
Transferrin (mg/dL)	198
Transferrin Saturation (%)	49

Comments

There may be some evidence of insulin resistance in carbohydrates and getting regular exercise. Suggestive of sideroblastic anemia. Treat with iron.

Nutrition	Test name	In Comment
	Folate (ng/mL)	>20
	Vitamin D, 25-OH* (ng/mL)	
	Vitamin B12 (pg/mL)	

Comments

Likely vitamin D deficiency. Consider increased intake. Associated with anemia, malnutrition, and iron deficiency.



VibrantAmerica

Final Report Date: 01-30-2018 18:14
Accession ID: 1611040000

Specimen Collected: 11-03-2016
Specimen Received: 11-04-2016 00:00

Last Name	First Name	Middle Name	Date of Birth	Gender	Physician ID
TESTNAME	PATIENT		1994-10-10	Female	999995

P	Name: PATIENT TESTNAME Date of Birth: 1994-10-10 Gender: Female Age: 23 Height: 7'1" Weight: 169 lbs	P	Practice Name: Missing Client, MD Provider Name: Missing Client, MD (999995) Phlebotomist: 999999 Street Address: 12150 HENNO ROAD City: GLEN ELLEN State: CA Zip #: 95442 Telephone #: 1-510-882-2608 Fax #: 1-650-331-7393
A	Medical Record Number: Telephone #: 866-364-0963 Street Address: 1021 HOWARD AVENUE SUITE B City: SAN CARLOS State: CA Zip #: 94070	R	
T	Email:	O	
I	Fasting: FASTING No. of hours: 12.0	V	
E	EMR #:	I	
N		D	
Z		E	
T		R	

The comments in this report are meant only for potential risk mitigation. Please consult your physician for medication, treatment or life style management

Total IgA	Current	Reference Range	Previous
Total IgA (mg/dL)	78 L	89-404	78 L (11/30/2015)

Test name	Negative	Borderline	Positive	Negative Range	Borderline Range	Positive Range	Previous
Vibrant™ Anti-TTG IgA*			2.06	≤0.94	0.95-1.05	≥1.06	2.06 11/30/2015
Vibrant™ Anti-TTG IgG*			1.09	≤0.94	0.95-1.05	≥1.06	1.09 11/30/2015
Vibrant™ Anti-DGP IgA*	0.45			≤0.94	0.95-1.05	≥1.06	0.45 11/30/2015
Vibrant™ Anti-Gliadin IgG*			3.10	≤0.94	0.95-1.05	≥1.06	3.10 11/30/2015

HLA Type Tested	Results	Potential Risk
DQ2	POSITIVE	Patient is at risk for developing celiac disease
DQ8	POSITIVE	

11

Tests flagged with * were developed by and performance characteristics were determined by Vibrant America. Indicated tests are not FDA-cleared or approved. The laboratory is regulated under CLIA and is CAP certified hence qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Tests flagged with † were performed at Vibrant Genomics. Tests flagged with ‡ have analytics done at Vibrant Wellness. Laboratory Director: Mervyn Sahud, MD CLIA: 05D2078809 CLP: 00346278 Vibrant America Clinical Laboratory, 1021 Howard Avenue, Suite B, San Carlos, CA 94070. Phone: +1(866)364-0963; FAX: +1(650)508-6260; Email: support@vibrant-america.com MK-0017-20

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11

Tests flagged with * were developed by and performance characteristics were determined by Vibrant America. Indicated tests are not FDA-cleared or approved. The laboratory is regulated under CLIA and is CAP certified hence qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Tests flagged with † were performed at Vibrant Genomics. Tests flagged with ‡ have analytics done at Vibrant Wellness. Laboratory Director: Mervyn Sahud, MD CLIA: 05D2078809 CLP: 00346278 Vibrant America Clinical Laboratory, 1021 Howard Avenue, Suite B, San Carlos, CA 94070. Phone: +1(866)364-0963; FAX: +1(650)508-6260; Email: support@vibrant-america.com MK-0017-20

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11.

Disclaimer of non FDA-cleared or approved tests. Also, report elements including: name and address of testing laboratory, CLIA and CAP certificate status and Laboratory Director information.

Billing Information

The Vibrant America Billing Team is committed to helping you and your patients through the billing process and to assist with answering any questions. Please contact us at 866-364-0963 option 2.

The billing section of the Reference Book provides guidelines and information on our billing policies in the following areas:



Client Billing

The cost of testing is billed directly to the ordering practitioner.



Insurance Billing

- » Billing Procedure
- » Select Pay
- » Estimated Patient Charge
- » Assignment of Right and Benefit



Patient Self-Pay Billing

The cost of testing is billed directly to the ordering patient.



Methods of Payment

The payment options are listed for both clients and patients.



Billing Information

I. Client Billing

BILLING INFO - I	
<input type="checkbox"/> Patient	*(Provide payment information with sample)
<input type="checkbox"/> Client	1
<input type="checkbox"/> Insurance	*(Provide front and back copy of insurance card. Secondary insurance is to be provided if available. <i>Please fill out section B.</i>)

1

For Client Billing, select "Client" or "Provider/Client Bill" in Billing Info.

BILLING INFORMATION		
<input type="checkbox"/> Insurance w/Select Pay* [Fill out sections A&B]	<input type="checkbox"/> Patient Pay [Fill out section A]	<input type="checkbox"/> Provider/Client Bill
*Select Pay-Prepayment required; must complete insurance information section.		

1

If you have signed the Client Bill Agreement with Vibrant America and this billing option is chosen when ordering tests, this is the process we will follow to invoice your office:

- Vibrant America will invoice your office on 15th and 30th every month for all the tests that were performed before the invoice date.
- Your credit card on file will be automatically charged for the invoice amount. The invoice and the receipt are available to be downloaded on your web portal. (Example 1a, Example 1b)
- If there is an outstanding balance, we will send you invoice copies indicating what is past due.

Please Note: If you are a New Jersey healthcare provider, you are not allowed to choose Client Bill. Vibrant America will bill your patient directly.

Billing & Reporting

I. Client Billing (continued)

Example 1a: Sample Client Invoice



INVOICE #	VA-20171231-999999
TOTAL CHARGE	999.99
TOTAL PAID	999.99
BALANCE	0.00
BILL DATE	12/20/2017
DUE DATE	01/04/2017

LABORATORY BILL



CLIENT NAME	ADDRESS
TEST CLIENT	123 Main Street

Thank you for choosing Vibrant America for your Healthcare needs

DATE OF SERVICES	PATIENT NAME	CHARGES
12/31/2017	TEST PATIENT1	111.11
12/31/2017	TEST PATIENT2	222.22
12/31/2017	TEST PATIENT3	333.33
12/31/2017	TEST PATIENT4	333.33
Total		999.99

DO NOT SEND CASH

Make check or money order payable to:

Vibrant America, LLC-Billing

1021 Howard Ave, Suite B

San Carlos, CA 94070

INVOICE #
VA-20171231-
999999



TEST CLIENT
123 MAIN ST.
SAN CARLOS, CA 12345

VA-CST-0004

Billing & Reporting

I. Client Billing (continued)

Example 1b: Sample Client Receipt



INVOICE #	VA-20171231-999999
Balance	0.00
RECEIPT DATE	12/20/2017

RECEIPT



CLIENT NAME	ADDRESS
TEST CLIENT	123 MAIN ST. SAN CARLOS, CA 12345

Thank you for choosing Vibrant America for your Healthcare needs

DATE OF SERVICES	PATIENT NAME	CHARGES
12/31/2017	TEST PATIENT1	111.11
12/31/2017	TEST PATIENT2	222.22
12/31/2017	TEST PATIENT3	333.33
12/31/2017	TEST PATIENT4	333.33
Total		999.99

TEST CLIENT
123 MAIN ST.
SAN CARLOS, CA 12345

Billing & Reporting

II. Insurance Billing

On the requisition form, the accurate and complete patient information, physician signature, and diagnosis code(s) are required for a smooth and efficient process.

ALL SECTIONS ARE REQUIRED . MISSING INFORMATION WILL DELAY RESULTS.									
P A T I E N T	LAST		FIRST		M.I.		<div>*Physician Signature (No Stamp): _____ Date ____/____/____ By signing, I acknowledge that these tests are medically necessary for my patient and I authorize Vibrant America LLC to perform the test(s) indicated on this requisition form. I accept the Terms and Conditions as listed on the Vibrant America website.</div>		
	DOB (MM/DD/YYYY)		DAYTIME PHONE						
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT FT	IN	WEIGHT LBS					
	ADDRESS			CITY / STATE / ZIP					
	EMAIL ADDRESS								
	*Email required for billing and online access to your results via our patient portal.			EMR # (if applicable):					
<div>Physician : When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.</div>									
COLLECTION					Provide ICD-10 Code(s) Here:				
*PHLEBOTOMIST NAME/ID & DRAWING FACILITY									

2 For Insurance Billing, "Insurance" in Billing Info -I or/and "Insurance w/Select Pay" in Billing Information should be chosen.

BILLING INFO - I	
<input type="checkbox"/> Patient	*(Provide payment information with sample)
<input type="checkbox"/> Client	
2 <input type="checkbox"/> Insurance	*(Provide front and back copy of insurance card. Secondary insurance is to be provided if available. <i>Please fill out section B.</i>)

BILLING INFORMATION		
2 <input type="checkbox"/> Insurance w/Select Pay*	[Fill out sections A&B]	<input type="checkbox"/> Patient Pay [Fill out section A]
*Select Pay-Prepayment required; must complete insurance information section.		<input type="checkbox"/> Provider/Client Bill

a. Billing Procedure

Medicare

Vibrant America is a Medicare approved provider. If the patient only has Part A coverage, then lab tests will not be reimbursed by Medicare and the patient will be responsible for the payment. If the patient has Part B coverage and the tests ordered are determined by Medicare to be medically necessary, then the tests will be covered by Medicare. If there is reason to believe that the test(s) may not be covered by Medicare, you will need to ask the patient to sign an Advance Beneficiary Notice (ABN) informing them that they may have to pay if the test(s) are denied. See Example 2 – ABN Form.

Billing & Reporting

II. Insurance Billing

a. Billing Procedure (continued)

Before Ordering:

If the patient has healthcare insurance coverage, Vibrant America will submit a claim to their insurance carrier for reimbursement. If Vibrant America is not contracted with their insurance carrier as an in-network laboratory provider, Vibrant America will still submit a claim to their insurance carrier and make every effort to obtain reimbursement for services provided.

Please provide Vibrant America all the information necessary for us to file an insurance claim on the patient's behalf:

- Completed requisition form (with ICD-10 diagnosis code(s) to support the medical necessity of the test(s) ordered)
- Health care practitioners signature on the requisition form
- A copy of the patient's ID and the front and back of their active insurance card

After Ordering:

After we submit the claims to the insurance companies, we will send a Welcome Letter to the patient to introduce ourselves and our billing procedure (See Example 3 – Welcome Letter).

Upon the completion of the claim processing, the patient's health insurance carrier will send them an Explanation of Benefits (EOB). The EOB will itemize the recent healthcare services, along with the charges and payments made by their insurance healthcare plan. The EOB is not our bill.

Vibrant America will bill patients for the amount designated by their insurance plan as the patient's responsibility. They will receive our statement letter (See Example 4a – Statement Letter) and if within 30 days we don't receive the payment, we will send another reminder letter. (See Example 4b –Statement Reminder Letter).

Process Exceptions:

- **Payment to the Patient:** In some cases, the patient's healthcare insurance provider may send the payment for services directly to the patient. If so, it is the patient's responsibility to sign the back of the check and write "Pay to the order of Vibrant America" and forward payment directly with a copy of the Explanation of Benefits(EOB), to the address below:

Vibrant America – Attn: Billing
1021 Howard Ave, Suite B
San Carlos, CA 94070

As Blue Cross Blue Shield Associates send checks to patients more frequently, we need the patient to sign the Blue Cross Blue Shield Consent & Agreement (See Example 5). Please return the agreement along with the requisition form back to Vibrant America.

- **Coverage Denied/Additional Information Needed:** When Vibrant America receives notification that the patient's coverage was denied, we first contact your office to obtain any additional information we may need to resubmit the claim. If unsuccessful, then we will reach out to the patient. (See Example 6 – Missing Information Request)
- If there is no response and/or acceptance of the patient's coverage by the insurance company, the patient will be liable for the payment. This step is taken after 30-45 days with no response. The patient will then receive a final invoice from us. (See Example 7 - Insurance Patient Statement).

Billing & Reporting

II. Insurance Billing

b. Select Pay

Select Pay is a payment program which allows Vibrant to submit claims to insurance on behalf of the patients, but requires a prepayment amount to be submitted to Vibrant which is applied towards the balance after Insurance payment. Select Pay is available for specific Vibrant tests.

Step 1: Patients with insurance plans that are eligible for Select Pay should:

- (1) Complete Insurance Information.
- (2) Complete the Method of Payment for the required prepayment.

Step 2: Vibrant America submits a claim to the patient's insurance company.

Step 3: Once the insurance company processes the claim and sends Vibrant America an Explanation of Benefits (EOB), the SelectPay amount previously submitted by the patient is applied to the "Patient Responsibility" indicated on the EOB.

Step 4: The patient is only billed for any unmet deductible, co-pay, or co-insurance that exceeds his/her previously submitted SelectPay amount.

c. Estimated Patient Charges

On many occasions, patients ask what their out-of-pocket costs will be for the diagnostic laboratory services provided by Vibrant's clinical laboratories. It is very difficult, if not impossible, to determine the precise amount that will be due from a patient, particularly where Vibrant is not an in-network participant with the patient's insurance or health plan. We do not know what the insurance or health plan will pay or the level of patient co-pays and deductibles.

To help provide some guidance to patients, Vibrant will attempt to estimate the out-of-pocket expenses for which a patient would normally be obligated, based on Vibrant's experience, when Vibrant is not in-network with the patient's insurance or health plan.

Please understand the estimates are averages, based upon historical information from certain insurers and health plans. There are many variations between insurers and health plans, and creating averages and estimates is inexact. Actual experience may vary, at times by a considerable amount. The patient is responsible for the actual amount due, irrespective of the averages and estimates. We recommend that patients confirm these estimates with their insurance carrier.

To obtain the Estimated Fee Schedule, please contact your sales representative or contact support team directly.

**Vibrant also has a financial assistance program, available to uninsured and underinsured patients. Information on the Policy will be provided to patients upon request, and is available on the Vibrant website.*

d. Assignment of Rights and Benefits

Patients should read the Assignment of Rights and Benefits before ordering the lab tests. (See Example 8)

Billing & Reporting

Example 2 – ABN Form

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/2020)

Form Approved OMB No. 0938-0566

Billing & Reporting

Example 3 – Welcome Letter



1021 Howard Ave, Suite B
San Carlos, CA 94070
1(866)364-0963
billingteam@vibrant-america.com

PATIENT TESTNAME
1021 HOWARD AVENUE SUITE B
SAN CARLOS, CA 94070

January 6th, 2019

RE: PHYSICIAN: TEST CLIENT
CLINIC NAME: TEST CLIENT, MD
DATE OF SERVICE: 12/01/2016
ACCOUNT NUMBER: 5

Dear PATIENT:

Vibrant America is pleased to have participated in your care. At your doctor's request, we have performed one or more highly specialized medical tests to provide important information that can be used in determining your diagnosis and treatment.

We have also submitted a claim to your insurance company on your behalf for the testing service provided. Upon claim completion, your health insurance carrier will send you an Explanation of Benefits (EOB). The EOB will itemize your recent healthcare services, along with the charges and payments made by your insurance healthcare plan. **The EOB is not a bill** and no action is required when you receive this summary.

If the claim is denied and there are grounds for appeal, we will appeal on your behalf. Vibrant America may ask you to assist in the process as needed.

Vibrant America is committed to ensuring that its diagnostic testing services are reasonably affordable. We offer a financial assistance plan for patients who qualify. We are happy to answer any questions regarding this program and what it may mean for you.

If you do receive payment for our services from your insurance company, we request that you forward the payment within 10 days of receipt. A copy of the EOB should accompany the payment. Please send all payments to:

Attn: Vibrant America—Billing
1021 Howard Ave, Ste B
San Carlos, CA 94070

If Vibrant America, LLC does not receive the payment in a timely manner, you will receive a bill for the full retail price.

Thank you for allowing us to participate in your care. Please do not hesitate to contact us if you have any questions or require any assistance during this process.

Sincerely,
Vibrant America

VA-WEL-0007

Billing & Reporting

Example 4a – Statement Letter



1021 Howard Ave, Suite B
San Carlos, CA 94070

1(866)364-0963
billingteam@vibrant-america.com

JOHN DOE
123 MAIN ST
SOME CITY, CA 12345

December 31st, 2000

RE: PHYSICIAN: DR. WHO
CLINIC NAME: ANY CLINIC
DATE OF SERVICE: 01/01/1999

Account Number: 999999
Dear John:

Welcome! Your physician has chosen to order tests from Vibrant America Clinical Laboratory. We are an innovative diagnostic laboratory that specializes in advanced autoimmune and inflammation testing along with many other clinically relevant tests. We have received an EOB from your insurance carrier and applied any payments/adjustments to your account. You can view your statement through Vibrant America Patient Portal.

- If this is your first time using the Patient Portal, please login to the website below. You will be asked to answer security questions. If all the answers are correct, please use the provided key below to register your patient account.

URL: <https://www.vibrant-america.com/secure/patient/register.jsp>

KEY: FH3kjZd7sq

- If you have already created your account, please login to the URL below by using your Username and Password. If you forgot your Username and Password, please feel free to contact us at support@vibrant-america.com.

URL: <https://www.vibrant-america.com/secure/login.jsp>

- If you would prefer a hard copy of your statement, please contact the billing department at billing@vibrant-america.com along with your name, email address and/or mailing address.

Please make credit card, check or money order payable to Vibrant America, LLC-Billing.

Vibrant America, LLC may be an out-of-network provider for your insurance. In some cases, your insurance may pay you directly for services rendered by Vibrant America, LLC. If you receive a check and EOB for our services, please do the following:

Attn: Vibrant America-Billing
1021 Howard Ave, Ste B
San Carlos, CA 94070

If you receive no payment, send us a copy of the Explanation of Benefits from your insurance and we will adjust your account balance accordingly. If you have further questions, you may contact our Billing Department at 1-866-364-0963.

Sincerely,
Vibrant America, LLC

VA-SL-0005

Billing & Reporting

Example 4b – Statement Reminder Letter



1021 Howard Ave, Suite B
San Carlos, CA 94070
1(866)364-0963
billingteam@vibrant-america.com

JOHN DOE
123 MAIN ST
SOME CITY, CA 12345

December 31st, 2000

RE: PHYSICIAN: DR. WHO
CLINIC NAME: ANY CLINIC
DATE OF SERVICE: 01/01/1999

Account Number: 999999
Subject: Second Reminder
Dear John:

Welcome! Your physician has chosen to order tests from Vibrant America Clinical Laboratory. We are an innovative diagnostic laboratory that specializes in advanced autoimmune and inflammation testing along with many other clinically relevant tests. We have received an EOB from your insurance carrier and applied any payments/adjustments to your account. You can view your statement through Vibrant America Patient Portal.

- If this is your first time using the Patient Portal, please login to the website below. You will be asked to answer security questions. If all the answers are correct, please use the provided key below to register your patient account.

URL: <https://www.vibrant-america.com/secure/patient/register.jsp>

KEY: FH3kjZd7sq

- If you have already created your account, please login to the URL below by using your Username and Password. If you forgot your Username and Password, please feel free to contact us at support@vibrant-america.com.

URL: <https://www.vibrant-america.com/secure/login.jsp>

- If you would prefer a hard copy of your statement, please contact the billing department at billing@vibrant-america.com along with your name, email address and/or mailing address.

Please make credit card, check or money order payable to Vibrant America, LLC-Billing.

Vibrant America, LLC may be an out-of-network provider for your insurance. In some cases, your insurance may pay you directly for services rendered by Vibrant America, LLC. If you receive a check and EOB for our services, please do the following:

Attn: Vibrant America-Billing
1021 Howard Ave, Ste B
San Carlos, CA 94070

If you receive no payment, send us a copy of the Explanation of Benefits from your insurance and we will adjust your account balance accordingly. If you have further questions, you may contact our Billing Department at 1-866-364-0963.

Sincerely,
Vibrant America, LLC

VA-SL-0002

Billing & Reporting

Example 5 – Blue Cross Blue Shield Consent & Agreement

Vibrant America LLC
1021 Howard Ave, Suite B
San Carlos, CA 94070
1 (866) 364-0963 | billing@Vibrant-America.com



Blue Cross Blue Shield Consent & Agreement

We are pleased to file on your behalf to your insurance carrier for your laboratory tests. Please be aware, however that since we are out of network and often out of state, the check for the services will be issued to you and in your name. By signing below, you are agreeing that you understand that payment will be issued to you and that you will be required to forward the check to us as payment on your laboratory tests. Please open all correspondence from your insurance company, as it often is difficult to recognize that a check is enclosed, and please forward payment to us immediately to the address above. If you have any questions, feel free to contact us at 866-364-0963. Thank you.

X _____

Patient's Signature

Date

Patient's Printed Name

BD-03-001BCBS

Billing & Reporting

Example 6 – Missing Information Request



How can we help? Just contact our support team.
Email: support@vibrant-america.com

Hi Client,

Thank you for using Vibrant America for your patients. We have submitted claims to Insurance on behalf of the following patients. We are following up on request letters from Insurance companies (see attached) to provide medical records for these patients. We need your assistance to provide the complete medical record for the patients below so we can help justify the testing ordered and get paid for the tests we completed.

Vibrant is a covered entity under the Health Insurance Portability and Accountability Act ("HIPAA") because it is a health care provider that transmits health information in electronic form in connection with HIPAA transactions. 45 C.F.R. § 160.103. HIPAA allows you to disclose protected health information ("PHI") to Vibrant without a patient's additional authorization, because a covered entity is permitted to disclose PHI to another covered entity for the payment activities of the receiving covered entity. 45 C.F.R. § 164.506(c)(3). In this case, Vibrant requests medical records in order for Vibrant to meet the request from the insurance for the services provided to the patients.

Clinic: Client Clinic, MD

Customer: Client

- MEDICAL TEST--DOB 12/12/2012--Date of Service:12/12/2017--Page No. In Attachment: 5 | Medical Record Request (Insurance Claims): Please provide the medical record.
- TNP TEST--DOB 10/22/2012--Date of Service:10/11/2017--Page No. In Attachment: 1 | Medical Record Request (Insurance Claims): Please provide the progress note.

Kindly assist us in obtaining the information requested at your earliest opportunity. Thank you for your cooperation.

Feel free to let us know if you have any questions.

Thank you,

VIBRANT AMERICA CLINICAL LAB
1021 Howard Avenue, Suite B | San Carlos, CA 94070
Toll-Free: 866-364-0963 | Fax: 650-331-7393

Billing & Reporting

Example 7 - Insurance Patient Statement



INVOICE #	VA-STATEMENT- INVOICE_1
TOTAL CHARGE	300.00
TOTAL PAID	0.00
ADJUSTMENT	100.00
BALANCE	200.00
BILL DATE	08/17/2016
DUE DATE	09/16/2016

STATEMENT



PATIENT NAME	ADDRESS
TEST PATIENT	456 MAIN ST. CITY, SS 12345
PHYSICIAN NAME	ADDRESS
PHYSICIAN TEST	123 MAIN ST, CITY, SS 12345
INSURANCE COMPANY	
Blue Shield - California	

Thank you for choosing Vibrant America for your Healthcare needs

DATE OF SERVICES	CPT CODE	CHARGES	PAYMENTS	ADJUSTMENT	BALANCE
06/20/2016	12345	100.00	0.00	50.00	50.00
06/20/2016	67890	200.00	0.00	50.00	150.00

DO NOT SEND CASH

Make check or money order payable to:

Vibrant America, LLC-Billing
1021 Howard Ave, Suite B
San Carlos, CA 94070

INVOICE #
VA-
STATEMENT-
INVOICE_1



TEST PATIENT
456 MAIN ST.
CITY, SS 12345

VA-IST-0003

Example 8 -Assignment of Rights and Benefits



ASSIGNMENT OF RIGHTS AND BENEFITS

I authorize Vibrant America to bill my insurance plan, health benefit plan, or employee benefit plan [or that of the individual for whom I serve as guardian] for reimbursement for laboratory tests and services provided by Vibrant. I irrevocably assign and transfer to Vibrant America all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan, employee benefit plan, or other source of payment for my care [or that of the individual for whom I serve as guardian]. This assignment of benefits fully and completely encompasses any and all rights and legal claims I may have under any applicable plan or policy of insurance, the Employee Retirement Income Security Act, or otherwise, to receive benefits. These legal rights and legal claims include, but are not limited to: (i) my rights to make a claim for and/or appeal any denial of benefits on my behalf; (ii) my rights to pursue legal action against the applicable third-party payer for unpaid benefits or for violating any contractual, statutory, legal, or equitable duties to me, including, but not limited to, any and all claims I may have for unpaid benefits, breach of contract, breach of covenant of good faith and fair dealing, breach of fiduciary duty, denial of a full and fair review, quantum meruit, unjust enrichment, or promissory estoppel; and (iii) my rights to file a complaint with any applicable federal or state agency against any third-party responsible for providing benefits.

I hereby appoint Vibrant America as my authorized representative(s) to pursue any claims, penalties, and administrative and/or legal remedies on my behalf for collection against any responsible payer or third party liability carrier of any and all benefits due to me for the payment of charges associated with services provided by Vibrant America. I agree that the insurer or plan's payment to Vibrant America pursuant to this authorization shall discharge its obligations to the extent of such payment.

This assignment further permits Vibrant America to obtain from my insurance plan, health benefit plan, employee benefit plan, or other source of payment all information necessary for the determination of benefits under the contract or payment agreement and permits the direct disclosure to Vibrant America of all information including benefits provided, limits and exclusions of benefits, and reasons for denial of benefits or reduction in charges for services rendered.

I understand that I am financially responsible for charges not paid according to this assignment, to the extent permitted by state and federal law. I agree to cooperate with, and take all steps reasonably requested by, this laboratory to perfect, confirm, or validate this agreement.

4818-8956-5776.3

Billing & Reporting

III. Patient Self-Pay Billing

BILLING INFO - I		
<input type="checkbox"/> Patient ³ *(Provide payment information with sample)	<div>3</div> <div>For Self-Pay Billing, "Patient" in Billing Info-I or/and "Patient Pay" in Billing Information should be chosen.</div>	
<input type="checkbox"/> Client		
<input type="checkbox"/> Insurance ³ *(Provide front and back copy of insurance card. Secondary insurance is to be provided if available. <i>Please fill out section B.</i>)		

BILLING INFORMATION		
<input type="checkbox"/> Insurance w/Select Pay* [Fill out sections A&B] <small>*Select Pay-Prepayment required; must complete insurance information section.</small>	<input type="checkbox"/> Patient Pay ³ [Fill out section A]	<input type="checkbox"/> Provider/Client Bill

Patients are welcome to self-pay for services rendered. We offer affordable pricing for our services if they are uninsured or if the patient's health plan doesn't cover the services rendered.

If the requisition form indicates that the patient is responsible, then the patient will receive an invoice (see Example 9 – Self-Pay Invoice) that reflects Vibrant America's standard test prices. Discounts are offered to reflect likely market pricing.

Important: Please make sure that the patient's address and phone number are filled when submitting the requisition form.

Vibrant America has [a financial assistance program](#), available to uninsured and underinsured patients. Information on the policy will be provided to patients upon request, and is available on the Vibrant website.

Billing & Reporting

Example 9 – Self-Pay Invoice



PATIENT NAME	ADDRESS
John Doe	123 MAIN ST. CITY, CA 12345
PHYSICIAN NAME	ADDRESS
TEST Dr.	Any Town. CA. 11111
Payment Method	
Credit/Check	

LABORATORY BILL



INVOICE #	VA-20171231-999999
TOTAL	55.00
AMOUNT DUE NOW	55.00
BILL DATE	12/31/2017
DUE DATE	01/30/2018

Thank you for choosing Vibrant America for your Healthcare needs

DATE OF SERVICES	TEST NAME	CHARGES
12/31/2017	TEST 1	1.00
12/31/2017	TEST 2	2.00
12/31/2017	TEST 3	3.00
12/31/2017	TEST 4	4.00
12/31/2017	TEST 5	5.00
12/31/2017	TEST 6	6.00
12/31/2017	TEST 7	7.00
12/31/2017	TEST 8	8.00
12/31/2017	TEST 9	9.00
12/31/2017	TEST 10	10.00
Total		55.00

DO NOT SEND CASH

Make check or money order payable to:

Vibrant America, LLC-Billing
1021 Howard Ave, Suite B
San Carlos, CA 94070

INVOICE #
VA-20171231-
999999



John Doe
123 MAIN ST.
CITY, CA 12345

Billing & Reporting

IV. Methods of Payment

We encourage you or your patients to contact Vibrant America for any billing questions or assistance. Please contact us at **866-364-0963 option 2**, or email billingteam@vibrant-america.com.

At Vibrant America, we're committed to improving lives with proprietary advanced diagnostic tests and want to simplify the billing and payment process for you and your patient.

Patients

PAY ONLINE

Make a secure online payment to Vibrant America by going to www.vibrant-america.com.

- Click the "My Vibrant Health™ Login" tab at the top of the page.
- Register, log-on and view the bill.
- We accept VISA, MasterCard, Discover and American Express.

PAY BY PHONE

Your patients can make a credit card payment by phone by speaking with one of our billing representatives at 866-364-0963 option 2. We accept VISA, MasterCard, Discover and American Express.

PAY BY MAIL

Your patients can make a payment by mail by sending a remittance advice with a check. Please make the check payable to "Vibrant America" and mail to:

Vibrant America - Attn: Billing
1021 Howard Ave, Suite B
San Carlos, CA 94070

Clients

Credit Card on File

When you sign the Vibrant America Client Agreement, you will need to provide us your credit card information. Vibrant America is a PCI Compliance entity and we keep your credit card information secure. Your card will be automatically charged on the invoice date. You can view your invoice and receipt on the Client Portal.

I. General

How do I order supplies (kits, tubes, phlebotomy, etc)?

Please contact Customer Support at 866-364-0963 option 6 or send us an email request at support@vibrant-america.com to order supplies. You may also set up a standing order with the time-frame of weekly, bi-weekly, and monthly. The department will determine the amount of supplies needed based on the volume of samples received by the lab.

How do I schedule a FedEx pick-up?

Please contact Customer Support at 866-364-0963 option 6 or email support@vibrant-america.com with clinic name, ordering provider, and preferred time for package to be picked up (this may require a 3-4 hour time-frame). Note: There is already a pre-paid label on the box

What is the turn-around time for testing?

Our testing has a turn-around time between 7-14 calendar days.

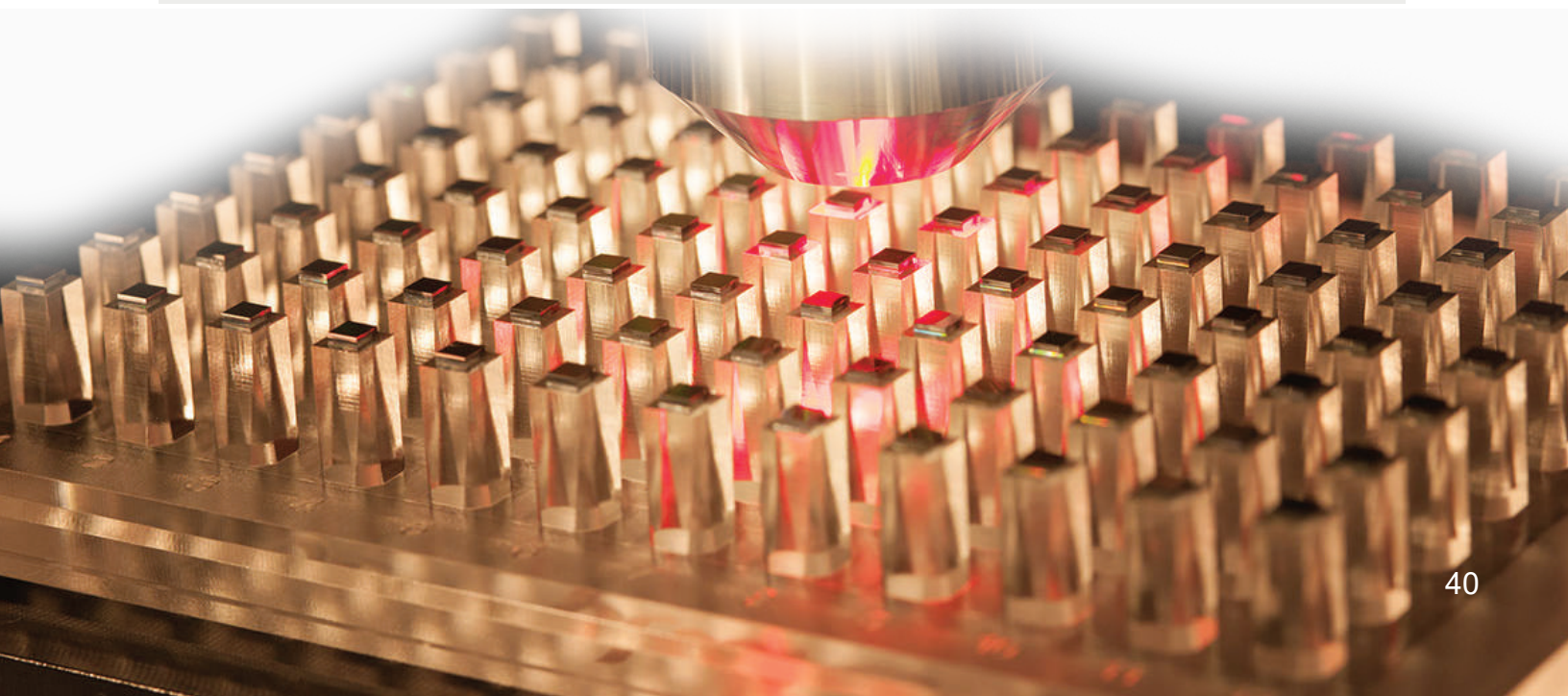
What happens if there is a patient that has a critical value on their report?

Critical values are called out by either Customer Support or the lab as soon as the result is available. We would notify a medical personnel at the office and request a read back confirmation by the medical personnel. The below tests require a call out:

WBC, HBG, HCT, PLT, Glucose, Potassium, Calcium, CO2, Magnesium, Sodium

Why are my results still pending?

Lab is still processing the sample and can take up between 7-14 calendar days to complete. If it has been longer than the specified turn-around time, please give Customer Support a call at 866-364-0963 option 1.



II. Billing

We understand that patients may come to you with billing questions. Here are the most commonly asked questions and answers so that you can help assist them when necessary. For other additional questions, or comments please have your patient contact us at **866-364-0963 option 2.**

What insurance providers do you accept?

We accept most major insurance providers.

The insurance providers below are currently not accepted by Vibrant:

• Aetna Better Health	• AdviCare	• Ambetter
• Amerigroup Managing Medicaid	• Bright Health	• Care Credit
• Care 1st Health Plan of AZ	• Christian Healthcare Ministries	• Horizon New Jersey Health
• Kaiser HMO	• Medicaid	• Mercy Plan (AHCCCS)
• Scripps	• Sharp Health	• United Healthcare Community Plan
• University Family Care	• Wellcare	

My insurance sent me a check. What should I do with it?

- If you have not deposited the check(s), please sign and endorse the back of the check(s) as follows: **Pay to the order of Vibrant America**
- If you have deposited the check(s), please write a new check for the total amount you have received, payable to: **Vibrant America**
- Credit/Debit Card Payment Option – you can call Vibrant America to remit the payment over the phone or send in a credit card authorization form.
- To properly credit your account, please include a copy of Explanation of Benefits (EOB) that you received from the insurance company.

Payments can be sent to:

Vibrant America – Attn: Billing
1021 Howard Ave, Suite B
San Carlos, CA 94070

Can I make payment online?

Yes, you can make a secure online payment to Vibrant America through the patient portal on www.vibrant-america.com.

Ongoing Support

www.vibrant-america.com

The Vibrant America website provides quick, easy access to the resources and tools you are looking for when working with Vibrant America. The website offers the following areas located on the tabs of the main menu:

Educational Portal

Vibrant provides you with access to additional educational materials to help assist in learning about our vast test menu.

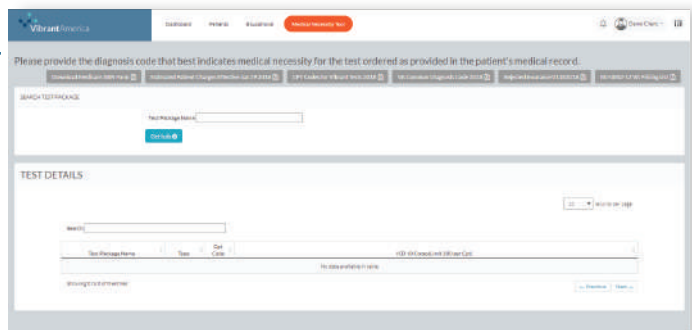
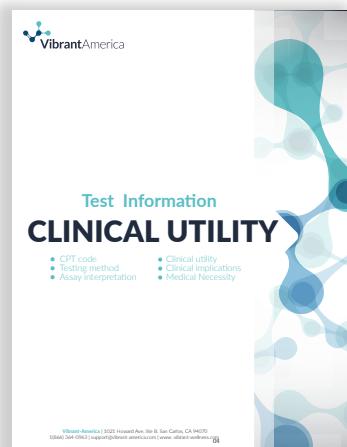
- **Vibrant's Educational Training Modules**
Vibrant's Educational Training Modules are an educational program designed to give you a comprehensive understanding of Vibrant's wellness testing to apply in your practice.
- **Vibrant's Educational Webinar Series**
Vibrant's Educational Webinar Series gives you a chance to learn and listen about specific topics in functional medicine from the industry's top Thought Leaders & Vibrant's Clinical Support Team.
- **Additional Education Materials**
Vibrant provides you with access to additional educational handouts to assist in educating both you and your patients. These materials include handouts, interpretation guides, useful resources, and our validation reports.

Medical Necessity Tool

The medical necessity tool will assist in determining medical necessity at the point of scheduling lab tests and to comply with CMS mandates and health plan policies.

User-friendly interface:

- Enter the Test Name or Panel Name
- Search for ICD-10 Code or Diagnosis Narrative



Clinical Utility Guide

- The ICD-10 codes are listed as a convenience for you. Please provide the diagnosis code that best indicates the medical necessity for the test ordered as provided in the patient's medical record.

CONTACT US

If you would like to learn more about our tests, products, and services, please send us a message or give us a call.



1-866-364-0963



www.vibrant-america.com



support@vibrant-america.com



1021 Howard Ave, Ste.B
San Carlos, CA 94070