

Out-of-Pocket Dispute Form

This form is to dispute any out-of-pocket (OOP) expenses billed to the patient on an official Ambry-issued statement. Please complete the information below and return to the address, fax or email provided and include any relevant documentation. We will process the dispute and notify you once it has been reviewed and adjudicated. Please allow up to 5 business days for processing. **Do not pay any invoices you may receive until you receive notification from our Billing department.**

Note: An incomplete request or failure to respond to Ambry's contact attempts will result in delayed processing or a voided dispute request.

Patient name: _____ Telephone number: _____

Patient date of birth: _____ Email Address: _____

1. Statement amount: \$ _____

Amounts in dispute: Full amount
 Partial amount: \$ _____

2. Reason for dispute (check all that apply):

- I was not notified that I would have an OOP.
- I was notified of my OOP amount, but it was too late to cancel my test.
- The amount charged on my statement is significantly higher than the amount I was quoted prior to my test.
Ambry estimated my OOP to be: \$ _____
- There was an unexpected charge to my HSA/HRA account.

Attestation

I HEREBY ACKNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF MY DISPUTE IS NOT RESOLVED IN MY FAVOR, I WILL BE NOTIFIED AND AMBRY GENETICS WILL BILL ME. I HEREBY ACKNOWLEDGE THAT I AM NEITHER RELATED TO, NOR EMPLOYED BY, THE PHYSICIAN WHO ORDERED THE TESTING. I UNDERSTAND AND AGREE THAT AMBRY GENETICS RESERVES THE RIGHT AT ANY TIME AND WITHOUT NOTICE TO MODIFY THE APPLICATION FORM OR TO MODIFY OR TERMINATE THIS PROGRAM. I FURTHER CERTIFY AND AGREE THAT AMBRY GENETICS HAS CONDUCTED A CONCERTED EFFORT TO COLLECT ON MY FULL OUT-OF-POCKET RESPONSIBILITY, AND THAT I HAVE INDEPENDENTLY ELECTED TO CONTEST THESE CHARGES.

Patient/responsible party signature: _____ Date: _____

Print name: _____

For internal use only

COLLECTIONS REVIEWER	REVIEW DATE	ACTION TAKEN
		<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Counter _____
		FINAL OOP