

## ERMI / HERTSMI : Check Payment Form

Dear Customer,

We are glad that you have decided to take advantage of this new advancement in mold analysis. At this time, we are unable to provide any interpretations of your HERTSMI test results. Please consult with your physician and/or go to <http://www.survivingmold.com/diagnosis/hertsmi-2> for the HERTSMI-2 score calculation.

**Please make sure all of the followings are in the same package to be sent back to us at Mycometrics, LLC (9 Deer Park Dr., Suite K-18, Monmouth Junction NJ 08852):**

- Sample(s) enclosed in a Ziploc bag
- Completed chain-of-custody (COC) form (Sample will not be processed without COC)
- This form **signed & dated** if payment is by check, or the Credit Card Authorization Form on the reverse page for credit card payment.

❖ Please choose **ONE test** for standard turnaround time (TAT):

A check for **\$285 per ERMI analysis\*** (36 mold species) or

A check for **\$150 per HERTSMI analysis\*** (5 mold species).

**(Optional)** For your convenience, a full ERMI panel can be done on the same HERTSMI sample for a cost of \$200. Please notify us of your decision within 1 week of receiving your HERTSMI report.

**Please apply the appropriate surcharge for expedited TAT.**

[For ERMI: +\$71.25 for 3BD, +\$142.50 for 2BD, +\$285 for Same Day, and +\$570 for Weekend/Holiday]

[For HERTSMI: +\$37.50 for 3BD, +\$75 for 2BD, +\$150 for Same Day, and +\$300 for Weekend/Holiday]

(Check is preferred\*. However, if the customer prefers payment with a credit card then please complete the "**Credit Card Authorization Form**" on the back of this sheet. *Please note that at this time we can ONLY accept Visa or MasterCard, We apologize for the inconvenience.*)

Please contact us if you have any questions. Thank you for choosing Mycometrics!

Sincerely,

**Lab ID#:**



Dr. King-Teh Lin  
Laboratory Director

**Invoice #:**

- ❖ In the event that the check bounces, a **\$30 bounced-check fee** will be charged on the same credit card as the \$50 non-refundable fee (kit + S&H). By signing below, the sample will be put on-hold for 10 days and then discarded. If you want us to hold the sample for more than 10 days then there is a charge of \$15 per week.
- ❖ I hereby authorize collection of payment, and agree to pay the bounced-check fee if necessary. I certify that I am an authorized user of the credit card used for charging the non-refundable fee and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card to be charged for the payment of any outstanding balances owed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**SIGN  
HERE**

Lab ID #:

Invoice #:

## ERMI / HERTSMI : Credit Card Authorization Form

Please note that at this time we can ONLY accept Visa or MasterCard, we apologize for the inconvenience.

1) Choose one test: ERMI or HERTSMI test

(Your sample will be delayed if you don't mark the test you want.)

- \$285 per ERMI analysis (36 mold species) or
- \$150 per HERTSMI analysis (5 mold species)

Please apply the appropriate surcharge for expedited TAT.

[For ERMI: +\$71.25 for 3BD, +\$142.50 for 2BD, +\$285 for Same Day, and +\$570 for Weekend/Holiday]

[For HERTSMI: +\$37.50 for 3BD, +\$75 for 2BD, +\$150 for Same Day, and +\$300 for Weekend/Holiday]

2) Please fill out the credit card information below.

Name on the Card: \_\_\_\_\_

Billing Address (Card issued): (Address where monthly credit card statements are received)

Street Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: Master  Visa  (please check one)

Card Number: \_\_\_\_\_

Expiration Date (mmyy): \_\_\_\_\_

CID (3 Digit ID on the back of the card): \_\_\_\_\_

3) Print, sign & date on the bottom of the page to authorize the use of the credit card for payment.

4) Initial to indicate your choice (yes/no) to have the credit card information kept on file for future orders. \_\_\_\_\_ **YES** or \_\_\_\_\_ **NO** (We will not be held responsible for any delays in processing of future orders.)

❖ I certify that all information above is accurate. By signing below, I hereby authorize collection of payment, and agree to pay, for all charges as indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card, to be charged for the payment of any outstanding balances owed.

❖ Mycometrics, LLC. will not be responsible for calling the customer for payment information in the event that the card provided is declined, the sample(s) will be put on hold for 10 days for free and the customer should contact us with a new valid credit card. After 10 days the sample will be discarded. If you want us to hold the sample for more than 10 days then there is a charge of \$15 per week.

❖ Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Mycometrics, LLC. will keep all information entered on this form strictly confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_