

**AGREEMENT FOR DIAGNOSTIC TESTING**

I understand when I become a patient of RBI, my health and well-being is the top priority. I have chosen to see Dr. Haake because she is thorough, attentive, experienced and innovative.

I understand that Dr. Haake will order extensive lab panels on me in order to determine any possible diagnosis, treatment plan and further protocols. I understand that without diagnostic testing I cannot achieve my ultimate health goals.

I have been informed that all diagnostic results will have a separate fee from my RBI visits. I am responsible for any charges that my insurance plan deems experimental, non-covered or are applicable to my deductible/co-pay. Dr. Haake (RBI) will not be responsible for any outstanding lab charges that I may incur from Quest Diagnostics (or the laboratory of my choice.)

By signing below, I have read and understand the agreement for diagnostic testing.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_