

INFORMATION AND CONSENT FORM:

LABORATORY PROCEDURES:

**\*\*PLEASE READ CAREFULLY- THIS MAY AFFECT CHARGES BILLED TO YOU\*\***

Patients who elect to use their insurance for Laboratory tests need to be made aware that we do not have any knowledge about what your financial responsibility through your insurance will be. We order labs to monitor and coordinate your care, and these labs are sent to outside laboratory providers. We do not have any information about your insurance regarding their COVERGE for the particular lab tests, or who your PREFERRED laboratory provider is.

I have read and understand the following:

1: Our office orders the test(s) we believe to be medically necessary for you. We have NO INVOLVEMENT in the charges for those tests, the billing of those tests, or the insurance company's payment or non-payment of those tests. These issues are between you the patient, your insurance carrier, and the laboratory used. If clarification of the indication for the test or coding from our office are required, we will provide additional information to the lab.

2: We are not advised by your insurance companies when changes occur to the preferred laboratory providers. The use of a non-preferred laboratory can make the cost to you rise for a given lab test, up to and including the total cost of the lab test(s). We do not have access to information regarding what is a covered or noncovered test.

3: Laboratory testing is often very expensive. We have nothing to do with the fees that the laboratories charge once the lab test is ordered. This is between you, your insurance carrier and the laboratory providing the services. It has been our experience recently, that patient's are getting lab bills greater then anticipated, and these are greater then the charges incurred at our cash rate. Once the Lab Provider bills the insurance for the labs, WE ARE UNABLE TO CHANGE THIS TO OUR CASH RATE.

You will need to contact your insurance and identify who the preferred lab company is to minimize your costs associated with the laboratory testing.

I have read, and understand the information regarding laboratory fees.

Please sign acknowledging that you are aware that you are using your insurance to obtain labs, as we have no control over what the lab company charges, and we are unable to switch these charges to an account bill once your insurance has been utilized.

Signature of Patient/Parent/Guardian:\_\_\_\_\_

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