PREFERRED
MOBILE DRAW

Welcome to Preferred Mobile Draw

Dear Patient,

Thank you for choosing **Preferred Mobile Draw** for your concierge lab draw needs. We are honored to serve you and provide care that prioritizes your comfort, convenience, and privacy.

Our mission is simple: to bring professional, compassionate, and reliable lab collection services directly to your home, workplace, or care facility. We know that your time and health are important, so we work hard to make the process stress-free, efficient, and tailored to your schedule.

Within this welcome folder, you will find important information, including:

- **Patient Intake Form**
- **Blood Draw Consent & Liability Waiver**
- **Lab Preparation Instructions & Acknowledgement**
- **Notice of Privacy Practices (HIPAA Disclosure Form)**
- **Acknowledgment of Receipt of HIPAA Notice of Privacy Practices**
- **Preferred Mobile Draw Fee Schedule**

If you have any questions, our team is only a call or message away. We are committed to providing exceptional service every step of the way.

Once again, thank you for trusting **Preferred Mobile Draw**. We look forward to serving you.

Warm regards,

Preferred Mobile Draw Team
409-409-4128
support@preferredmobiledraw.com
www.preferredmobiledraw.com

YOUR CONVENIENCE. OUR PRIORITY.

Patient Intake Form

Disclaimer: Thank you for your interest in being a patient of PREFERRED MOBILE DRAW. This form is used to collect information about new patients and used for internal purposes only. The information you supply is confidential and will be treated accordingly.

PATIENT DETAILS

First Name: _____ **Last Name**: _____

Date of Birth: _____ **Gender**: ☐ Male ☐ Female

Address: _____

City: _____ **State**: _____ **ZIP Code**: _____

Home Phone: _____ **Mobile Phone**: _____

E-Mail: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____ **E-Mail**: _____

Home Phone: _____ **Mobile Phone**: _____

ORDERING PHYSICIANS

Please list all physicians who have laboratory tests that will be collected during this visit:

Physician Name: _____ **Phone**: _____

Physician Name: _____ **Phone**: _____

Physician Name: _____ **Phone**: _____

Physician Name: _____ Phone: _____

ALLERGIES

Allergies: ☐ Yes ☐ No

If Yes, please list below:

Allergy: _____ **Reaction**: _____

Allergy: _____ **Reaction**: _____

Allergy: _____ **Reaction**: _____

Allergy: _____ **Reaction**: _____

MEDICATION

List the medications you are currently taking including the dosage:

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ **Dose**: _____

Medication: _____ **Dose**: _____

Medication: _____ **Dose**: _____

Medication: _____ **Dose**: _____

PREFERRED LABORATORY

Laboratory Name: _____ **Phone**: _____

Street Address: _____

City: _____ **State**: _____ **ZIP Code**: _____

MEDICAL HISTORY

Have you ever had any of the following?

Anemia	☐ Y ☐ N	Hypertension	☐ Y ☐ N
Hemophilia	☐ Y ☐ N	Stroke	☐ Y ☐ N
Thrombocytopenia	☐ Y ☐ N	Paralysis	☐ Y ☐ N
Anticoagulant Therapy	☐ Y ☐ N	Lymphedema	☐ Y ☐ N
Antiplatelet Therapy	☐ Y ☐ N	Mastectomy	☐ Y ☐ N
Polycythemia	☐ Y ☐ N	Kidney Problems	☐ Y ☐ N
Other Bleeding Problems	☐ Y ☐ N	HIV	☐ Y ☐ N
Fainting/Syncope	☐ Y ☐ N	Hepatitis B	☐ Y ☐ N
Hypotension	☐ Y ☐ N	Hepatitis C	☐ Y ☐ N
Varicose Veins	☐ Y ☐ N	Drug/Alcohol Abuse	☐ Y ☐ N
Edema	☐ Y ☐ N	Seizure Disorders	☐ Y ☐ N
Congestive Heart Failure	☐ Y ☐ N	Autoimmune Disorders	☐ Y ☐ N
Diabetes	☐ Y ☐ N	Active Skin Infections	☐ Y ☐ N
Cancer	☐ Y ☐ N	Excessive Bruising	☐ Y ☐ N

Please indicate when you last ate or drank (excluding small sips of water with medication)

_____

Previous complications with blood draws? ☐ Yes ☐ No

If yes, explain:_____

Blood Draw Consent & Liability Waiver

I hereby consent for myself, or the person I am legally responsible for, to the drawing of a blood sample by Preferred Mobile Draw ("PMD") for the purpose of obtaining physician-ordered laboratory tests.

I understand and accept that:

1. **Risks of Blood Draws**: Risks may include discomfort, bruising, redness, swelling, bleeding, lightheadedness, and in rare cases infection or nerve injury. I accept these risks and release PMD from liability for such occurrences.
2. **No Medical Advice**: PMD provides specimen collection services only. PMD does not provide medical advice, diagnosis, or treatment. I must contact my ordering physician for interpretation of results and medical care.
3. **Lab Processing**: My specimen will be submitted to an independent laboratory for processing. PMD is not responsible for laboratory handling, processing delays, errors, or billing by the laboratory.
4. **Confidentiality**: My results are confidential and may only be released to me and my ordering physician unless I provide written consent otherwise.
5. **Payment**: I am financially responsible for all fees related to PMD services. Payment is required in full prior to services being rendered.
6. **Indemnity & Release of Liability**: By signing this form, I release and hold harmless Preferred Mobile Draw, its employees, and contractors from any and all liability, claims, or damages arising from specimen collection, transport, or laboratory testing, except in cases of gross negligence or willful misconduct.
7. **Consent Validity**: This consent remains valid for 12 months from the date signed. I may revoke this consent in writing at any time.
8. **Governing Law**: This agreement is governed by the laws of the State of Texas.

I acknowledge that I have read (or had read to me) this consent, understand it fully, and have had all questions answered to my satisfaction.

Signature: _____ Date: _____

(Patient / Legal Representative)

Printed Name: _____

Lab Preparation Instructions & Acknowledgement

Patient Name: _____
Date of Birth: _____
Scheduled Date/Time: _____

Please review and follow these instructions before your lab draw:

Fasting Tests

- Do not eat or drink anything (except water) for **8–12 hours** before your draw, if instructed by your provider.
- Water is encouraged to keep veins hydrated.

Hydration

- Drink plenty of water the day before and morning of your draw.
- Avoid alcohol for at least 24 hours prior.

Medications

- Take medications as prescribed unless instructed otherwise by your physician.
- Provide a list of all medications and supplements.

Clothing

- Wear loose sleeves that can be rolled up easily.

Special Instructions

- Follow any additional instructions from your physician or ordering provider.

I acknowledge that I have received and reviewed the lab preparation instructions provided by Preferred Mobile Draw. I understand the importance of following these instructions—such as fasting, hydration, or medication guidelines—to ensure accurate results.

I accept responsibility for adhering to these instructions. I understand that if I do not follow these instructions, my lab results may be inaccurate, and I may lose my appointment without the possibility of a refund.

Patient/Guardian Signature: _____ Date:_____

Notice of Privacy Practices

(HIPAA Disclosure Form)

Effective Date: 09/05/2025

Purpose of This Notice

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully. We are required by federal law (HIPAA – Health Insurance Portability and Accountability Act) to maintain the privacy of your Protected Health Information (PHI).

Your Rights

You have the right to:

- Receive a copy of your medical records upon request.
- Request corrections to your records if you believe they are incorrect or incomplete.
- Request confidential communications (such as contacting you at a specific phone number or address).
- Request restrictions on certain uses or disclosures of your health information (though we are not always required to agree).
- Obtain a list (“accounting”) of certain disclosures we have made of your health information.
- Receive a paper copy of this notice at any time.

Our Duties

We are required by law to:

- Maintain the privacy and security of your PHI.
- Notify you promptly if a breach occurs that may compromise your information.
- Provide you with this notice and abide by its terms.
- Use or share your information only as described here unless you give written permission for other uses.

How We May Use and Disclose Your Information

We may use or disclose your health information for:

1. **Treatment** – To coordinate or manage your healthcare with other providers (e.g., your physician, laboratory).
2. **Payment** – To bill and collect payment for services provided.
3. **Healthcare Operations** – For quality assessment, staff training, and business operations.
4. **As Required by Law** – To comply with federal, state, or local laws and regulations.
5. **Public Health & Safety** – To report communicable diseases, abuse, or threats to public safety.
6. **Other Authorized Disclosures** – To health oversight agencies, law enforcement, or in response to legal proceedings, as permitted by law.

Other uses and disclosures not described in this Notice will require your written authorization. You may revoke that authorization at any time in writing.

Questions or Complaints

If you have questions about this notice or believe your privacy rights have been violated, please contact:

Preferred Mobile Draw, LLC
Phone: (409) 409-4128
Email: support@preferredmobiledraw.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**. Filing a complaint will not affect the care you receive.

Acknowledgment of Receipt

of

HIPAA Notice of Privacy Practices

Preferred Mobile Draw is required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices. This notice describes how your medical information may be used and disclosed and how you can access this information.

By signing below, I acknowledge that I have received a copy of **Preferred Mobile Draw's Notice of Privacy Practices**.

Signature: _____ Date: _____

(Patient/ Legal Representative)

Printed Name: _____

PREFERRED
MOBILE DRAW

OUR SERVICES

Standard Blood Draw.....$40.00
(Supplies, venipuncture, and lab delivery)

STAT/Same Day Draw.....$60.00
(Priority scheduling and immediate lab delivery)

Specimen Pickup & Delivery.....$25.00
(Collection of pre-collected specimen and lab delivery)

Additional Test (same visit).....$10.00/EA
(Urine, stool, or other non-blood samples)

Group/Family Rate (*same visit*).....$25.00/PP
(Must be present and scheduled prior to the time of visit)

Travel Fee (*beyond 25 miles*).....$1.00/MI
(Service area is centered in Beaumont)

IMPORTANT INFORMATION

- ✔ Payment must be made before services are rendered.
- ✔ Lab orders must be submitted prior to scheduled appointments.
- ✔ Mobile lab services do not get billed to the patient's insurance; however, insurance claims will be filed with the chosen laboratory to process the lab work.
- ✔ Results will be sent directly to the referring physician; Preferred Mobile Draw will not provide results. Patients are required to contact their physician for results.
- ✔ Refunds will not be issued if lab specimens cannot be collected due to the patient's failure to adhere to the pre-draw instructions provided.

ABOUT US

Preferred Mobile Draw is a concierge lab collection service dedicated to bringing experienced, professional, compassionate, and convenient blood draw services directly to your doorstep. Whether you're at home, at work, or in a care facility, our mission is to provide safe, reliable, and timely specimen collection without the hassle of waiting rooms or travel. We pride ourselves on maintaining the highest standards of care, confidentiality, and professionalism so you can focus on your health and peace of mind.

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PAYMENT TYPES ACCEPTED

SUPPORT@PREFERREDMOBILEDRAW.COM
(409) 409-4128
WWW.PREFERREDMOBILEDRAW.COM

NO CHECKS ACCEPTED