

**Tips For Testing Services / Know Your Coverage**

You are responsible to know your Health Plan/Medicare coverage, benefits and deductible prior to us ordering laboratory or testing services. While we order tests based on your health history and condition, there is no guarantee your health plan will cover these tests or services even in the situation that we believe they are medically necessary.

**Know Your Coverage:**

* New Medical staff does not verify codes or coverage with your Health Plan/Medicare for services ordered.
* John Muir Physician Network HMO patients have to use only LabCorp facilities or pay the charges for not using the facilities.
* Based on your medical history, medications, and symptoms, your provider may still require lab work.
* Since cost can vary greatly between facilities, PPO Patients should do price comparison research, which would result in significant cost/savings if you have a high deductible plan. Contact your health plan to get the rates across facilities.
* With high deductible plans, you will pay for all the services incurred until reaching your deductible.
* There is no circumstance in which we will change or resubmit diagnosis codes after testing is complete.
* Most health plans and Medicare do not pay for “preventative” testing.
* Most diagnostic testing will not be covered as a “preventative” service.
* We cannot guarantee coverage or payment by your Health Plan/Medicare.

**Actions to Enhance Coverage:**

* To verify what is covered and what portion you must pay, call your Health Plan/Medicare representative.
* Make sure to check that you have met your insurance deductible before the testing is finished.
* Go to the specific “preferred lab/facility” that your Health Plan/Medicare requires.
* Contact your Health Plan/Medicare representative to ask about lab and testing coverage, as your annual physical checkup does not include these services out our clinic, which are provided by outside laboratories.
* Confirm that the testing is not a “preventative” code but is under a “diagnostic” code.
* Make sure that no other doctor has ordered these same tests as “preventative” for you this year.

I understand the above and accept full responsibility for any costs for medical services I have incurred both at New Medical and outside facilities. I am aware that New Medical cannot guarantee coverage nor verify network or coverage status for tests ordered. I understand that New Medical will not change or resubmit codes for tests with coverage issues. I understand a high deductible plan means I am responsible for all incurred expenses until that deductible has been met.

Patient Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:      \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If not signed by the patient, please indicate name and relationship:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_