

Laboratory Consent Form

Patient Name: _____ Date: _____

Most insurance companies have a “preferred laboratory” that you must use in order for your lab/culture/pathology work to be covered by your insurance company. We **DO NOT KNOW** the benefits of your individual personal policy nor can we be familiar with all policies in the insurance industry. Your insurance is the one contracted with the lab not with our office.

The Center for Women’s Sexual Health and Medicine DOES NOT TAKE RESPONSIBILITY FOR YOUR LAB BILLS.

We need to advise you that although you have a “preferred laboratory” there are occasions when your lab work/cultures/pathology would need to be sent to another lab due to more extensive testing that would be required.

I understand that all labs/cultures/pathology work ordered by my physician and sent to an in-network/out of network lab will be billed separately by that lab to my insurance company. I understand that I am responsible to pay for all lab charges, whether or not I have insurance and whether or not it is a covered benefit of my insurance. I understand that the laboratory will bill me separately for these lab charges.

Lab work includes, but is not limited to pap smears, vaginal cultures, urine cultures, blood test and biopsies/pathology.

Print Name: _____ Signature: _____
Date: _____