



Lab Acknowledgement

I understand that it is my responsibility to be aware of my laboratory benefits under my insurance plan. If I am uncertain whether a test is covered at 100% or will require a coinsurance or deductible payment, I have the option to decline the test. I understand that there may be a patient cost for some laboratory testing. I will be invoiced directly from the laboratory, either Labcorp, Quest, or PRL. Furthermore, if my insurance has a preferred laboratory I will inform the MA and/or lab technician to ensure proper outsourcing of my specimens. By signing below I acknowledge that I am aware that Women Partners is not responsible for my laboratory billing.

Patient Signature: _____

Patient Name (please print): _____

Date: _____