



### Lab Authorization

Our office fees **DO NOT** cover the cost of any pap smears, laboratory, or pathology services. **You are responsible for these fees.** Thus, it is very important that you fill out the following information accurately and completely. **If you do not fill out the information accurately and completely all lab charges will be billed to you!**

#### Demographic Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female /Male  
Address: \_\_\_\_\_ Soc Sec No.: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

#### Insurance Information:

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Policy/Group #: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_  
ID#: \_\_\_\_\_ ID#: \_\_\_\_\_

Policy holder's name if different than patient: \_\_\_\_\_  
Patient's relationship to policyholder: (circle) Spouse Dependent Child Other: \_\_\_\_\_

**Mode of Payment:** \_\_\_\_\_ Insurance, as above. \_\_\_\_\_ Check / Cash  
\_\_\_\_\_ Credit Card: VISA / MasterCard #: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Using your name:** NEWS uses your name and social security number in order to identify your lab work. If you have some concern with this, let us know. Anonymity may be used in the case of sensitive testing like STD's and/or HIV testing.

*Please initial your preferred handling of these additional laboratory costs.*

\_\_\_\_\_ **Insurance carrier to bill me.** NEWS will supply our lab services with your above insurance information and medical diagnosis so that they can directly submit your charges to your insurance carrier. The remaining charges, if any, will then be billed to you by the lab. If your insurance carrier will be covering the cost of your lab fees, your only choice is for us to SUBMIT your full demographics to the lab.

\_\_\_\_\_ **Lab to bill me directly:** In order for the lab to directly bill you, your only choice is for us to SUBMIT your full demographics to the lab.

- \_\_\_\_\_ **Bill me directly**
- \_\_\_\_\_ May use my name and social security number in full when using the labs.
  - \_\_\_\_\_ Only use my initials and give me an in-office number. I agree to pay my lab fees in full at this and future visits.
  - \_\_\_\_\_ I desire to remain anonymous and agree to pay my lab fees in full at this and future visits.

**Specialty Labs:** Many of our specialty labs do not accept Medicare or Workman's Compensation. Many insurance plans do not recognize specialty lab testing. *Thus, before testing, be sure to check what your insurance company will and won't cover.*

If you plan to bill your insurance company, you will still need to pay 20% of the testing & handling fee at the time of blood draw. If your insurance company decides to deny the lab testing, you will then be responsible for this higher fee in full. Our specialty labs charge less for lab work when "paid-in-full" at the time of testing. So if you don't want this extra cost of processing your insurance, be prepared to pay at the time of testing! The lab will then send you forms to file with your insurance after lab processing.

#### Future Lab Work:

NEWS will handle all future lab charges in the above manner unless you inform us of changes in writing by submitting an updated laboratory charge form. Thank you for helping us make the financial and legal side of medicine easier.

#### Disclaimer:

**I realize that lab work is NOT included in any visit charges and that I am responsible for all additional costs concerning lab work done or ordered at NEWS.**

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

**Be sure to bring this form with you to your scheduled annual visit. THANKS!**