



LABORATORY ACKNOWLEDGEMENT

Date: _____

Patient Name: _____ DOB: _____

At Born Again Obstetrics and Gynecology your medical care is important to us. As a patient – provider relationship is formed; there are a few items that we would like to communicate with you regards to laboratory services.

Understand that it is your responsibility to communicate medical insurance coverage including any changes. If you fail to give insurance information you may be liable for the charges in full. It is also your responsibility to know what your insurance plan covers including lab.

If the providers at Born Again OBGYN decide to order laboratory services they will be covered as stated in your insurance policy. It is your responsibility to understand coverage for laboratory services. Some labs are done at the clinic while others are sent to area laboratories. Born Again utilized the following labs: Quest, LabCorp, and DHR. If your insurance policy designates a specific laboratory for your benefits, please let the staff know. You may receive a separate billing statement from the laboratory which is your responsibility.

Understand that test results for lab, annuals, pap smears, etc. are given in the office with a follow-up appointment. Please make your follow-up appointment at the front desk upon check-out. Results will not be discussed over the telephone.

By signing this acknowledgement, you are stating your understanding of this policy.

Patient Signature

Date