

Shore Gastroenterology Associates, PC

BLOOD WORK AND LABORATORY PROCEDURE POLICY

Blood Draw

You are exempt from this service fee if you have Medicare or Aetna.

As a convenience to our patients, Shore Gastroenterology provides the option of having blood drawn in our office. Blood drawn in our office is completely voluntary and is offered as an alternative to making a trip to your insurance designated lab. However, your insurance carrier will not pay for us to draw blood in our office. Therefore, the purpose of this form is to help you make an informed decision about whether or not you want to receive this service here in our office.

Before making your decision, please read the following options:

Option 1, YES I want to receive these services. I understand that my insurance will not pay for me to have blood drawn at Shore Gastroenterology. I agree to pay a fee of \$10.00, payable today, to have my blood drawn during my visit. I further understand that I will NOT receive a receipt for this service to file with my insurance carrier.

I understand that this is for the drawing of blood only. The blood work will still be sent to an outside lab for processing. My insurance carrier will be billed directly by the lab for the actual tests performed on the blood.

Option 2, NO I have decided not to receive this service. I will not have my blood drawn at Shore Gastroenterology. I further understand that I will be given a lab requisition to take to the nearest LabCorp or Quest drawing station to have my blood drawn. I understand that it is important that I take the lab requisition with me when going to the draw station so that my results will be sent directly to Shore Gastroenterology.

Laboratory Testing

Some insurance companies restrict the patient's use of laboratories to only "designated" laboratories. Therefore, YOU must advise us of where you/your insurance company want your blood work and other pathologies to be processed. We will not be responsible for any charges incurred for tests sent to a lab that is not in network for your insurance. The laboratory will bill your insurance carrier directly for their services.

Insurance Company _____ Designated Lab _____

Under certain circumstances, your insurance carrier may not cover the cost of certain tests. We will provide you with the opportunity to find out the cost of specific tests if desired. Although we try to be familiar with the major insurance plans, it is not possible for us to know what each insurance plan will cover. Insurance companies may reimburse differently for tests. Some tests require pre-certification or authorization, which you will be responsible to obtain.

I agree to be personally responsible for payment and to hold Shore Gastroenterology Associates harmless for any charges in the event my insurance carrier denies payment for any reason. I agree that I will be personally responsible for any charges that a laboratory bills to Shore Gastroenterology Associates for clinical tests performed on my behalf.

Signature of Patient or Patient Representative

Date