IVF FLORIDA
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FINANCIAL LABORATORY CONSENT

PATIENT NAME ______________________________ DATE ______________________________

DATE OF BIRTH ______________________________ ACCOUNT # ______________________________

IMPORTANT

- In order to provide you with the correct lab requisition and avoid excessive out-of-pocket expenses, you **MUST** contact your insurance company prior to your initial visit to verify the laboratory your provider is contracted with (i.e. LabCorp/Quest, etc.). Failure to do so could result in out-of-pocket expenses for laboratory testing such as an infectious disease panel, which includes HIV, hepatitis, RPR, etc.
- IVF Florida will not accept financial responsibility for any tests submitted to the laboratory you have indicated below. If your insurance company does not cover the submitted claim, you will be responsible for payment to the laboratory.
- Please complete the section below, sign, and bring this form with you to your initial visit.
- Please feel free to ask us about our self-pay plan for laboratory tests that may not be covered by your insurance.
- If there are any abnormal test results that need immediate attention, we will contact you. I have

  read and understand the information provided above.

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Name of Laboratory

______________________________ ______________________________
Signature of Patient Date

______________________________ ______________________________
Signature of Witness Date

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