



IVF FLORIDA
Reproductive Associates™
(954) 247-6200

David I. Hoffman, M.D.
Steven J. Ory, M.D.
Marcelo J. Barrionuevo, M.D.
Vanessa N. Weitzman, M.D.
Daniel R. Christie, M.D.
Marc R. Gualtieri, M.D.
Laurice Bou Nemer, M.D.
Luis R. Hoyos, M.D.

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.

Name of Laboratory

Signature of Patient

Date

Signature of Witness (STAFF USE ONLY)

Date