The Pathology Laboratory
830 Bayou Pines West
Lake Charles, LA 70601
TEL: (337)436-9557
FAX: (337)312-1311

Date:
Patient Name:
Date of Birth:

Notice about Your Insurance Coverage

What it is:
This is a notice from The Pathology Lab that your private insurance might not pay for a service or item you need.

Why you're getting it:
We think that your insurance might not cover some of your services at this time for Medical Necessity as defined by your insurance or Frequency. We want to let you know before you get it.

What it means for you:
If your insurance doesn't cover the service or item, you will have to pay for it yourself. We do offer discounts in the event your insurance does not pay. The notice explains why your insurance might not pay and lets you decide if you still want the service or item.

What to do:
Read the notice carefully. If you agree to get the service or item and pay for it, sign the form. If you don't want to pay for it, you can choose not to get the service or item.

Tests ordered:

___ I want the laboratory test(s) performed. I may be asked to pay now, but I also want insurance billed for an official decision on payment, which is sent to me on an Explanation of Benefits (EOB). I understand that if insurance doesn't pay, I am responsible for payment, but I can appeal to insurance. If insurance does pay, The Pathology Lab will refund payments I made, less co-pays or deductibles.

___I want the laboratory test(s) performed, but do not bill my insurance. I may ask to be paid now as I am responsible for payment. I cannot appeal if insurance is not billed.

___ I don't want the laboratory test(s) performed. I understand with this choice I am not responsible for payment and I cannot appeal to see if my insurance would pay.

_____ _____
Signature Date