



Suburban Pediatrics

Robert G. Morgann, M.D.
Gregory P. Guerriero, D.O.
Stephen C. Lods, M.D.
Stephanie Sherrill, M.D.
Kymberly Selden, M.D.
Mary P. Garrison, M.D.
Cynthia R. Greenlee, M.D.

3396 Cloverleaf Parkway • Kannapolis, NC 28083
Phone: (704) 403-7740 • Fax: (704) 403-7750

2101 Shiloh Church Road, Suite 101 • Davidson, NC 28036
Phone: (704) 439-3700 • Fax: (704) 439-3729

Shelley A. Houston, M.D.
LaClaire W. Stewart, M.D.
Tanvi N. Desai, M.D.
Mary Jasmine, F.N.P.
Nathalie A. Carrizosa, C.P.N.P.
Becky Hammett, R.N., C.M.P.E.
Clinic Administrator

Patient Name: _____
Date of Birth: _____

Our practice routinely uses CMC-Northeast Medical Center outpatient lab as the main source for blood work, urine cultures, etc. Some insurance companies require labs to be sent to alternate facilities such as Lab Corp, Spectrum, etc. It is your responsibility as a patient to know which lab is participating with your insurance. Please inform us which lab to use at each visit. Not informing us of the correct may result in extra fees for outpatient services.

By signing this form, I am taking responsibility for any bills I incur as a result of labs being sent to the wrong facility.

Parent/Guardian/Patient Signature

Date