



Suburban Pediatrics

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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 lab 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