

OUR OFFICE POLICY CONCERNING LABORATORY SERVICES

Our laboratory will provide the insurance information necessary for PAL (physicians automated lab) and RDL (reference laboratory) to process your lab results. As a patient or legal guardian, it is your responsibility to pay any part of the laboratory services your insurance does not cover to PAL or RDL.

I authorize the release of medical information necessary to process claims. I also understand that it is my responsibility to PAL or RDL for any balances not covered by my insurance.

Signature _____ Date _____