I have read and understand the above information.

Please be aware that fees for diagnostic testing are in addition to the fees for the office visit.

Diagnostic Testing:
The referral is not properly obtained.

Referrals:
When your insurance plan requires a referral or notification from your primary care physician, it is your responsibility to obtain a referral. Failure to provide a referral may result in denial of coverage for services rendered.

Annual/WELL Woman Exams:
Appointment...You will be recalled...

Payment Policy:
Our office will bill your insurance, after your visit. After the claim has processed, the balance due will be determined by your insurance company.

Missed Appointments:
If a patient is unable to attend a scheduled appointment, a 24 hour advance notification is required.
I hereby authorize the release of information regarding my treatment at this office, including information protected by the Federal Privacy Law. I understand that disclosure of information to a party other than the one(s) identified below is permitted without my written authorization.

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Printed Name: 

I have read and understand the above information. 

Reason(s) for specimen(s) to be sent to this laboratory: 

I wish for my specimen(s) to be sent to: 

Your visit today and illness below for your reference please: 

If there is a particular laboratory you would like your specimen(s) forwarded to, please inform us during the intake. 

Blood tests will be ordered for external collection (Labcorp, UCH Memorial) 

Urinalysis (Labcorp, UCH Memorial) 

Central cultures (Amphetamine, Cytoxic Tests, UCH Memorial) 

Tissue samples (Amphetamine, Cytoxic Tests, UCH Memorial) 

Biopsies (Amphetamine, Cytoxic Tests, UCH Memorial) 

Pap Smears (Amphetamine) 

Specimens that are collected and sent out for analysis include: 

The laboratory fees will be billed to your selected insurance plan. You may receive a bill for those services provided by our contracted laboratory at your own expense. If you are not able to send all specimens at once, you may send them as they are ready. 

You may require the collection of one or more specimens. All specimens will be sent to: 

Dear Patient: 

Women’s Health 
Obstetrics & 
Gynecology 

Specimen Collection Authorization for 

Colorado Medicine