

## Whole Woman's Health of McAllen

802 South Main \* McAllen TX 78501

(956) 686-2137 \* (866) 682-1200

### Laboratory Testing Consent

PLEASE NOTE: The lab fees for a pap smear (slide) at Whole Woman's Health are included in your annual exam fee.

Part of routine examination involves testing. There are a few simple lab tests that we are able to offer you here at Whole Woman's Health (WWH). For example, pregnancy testing, testing for anemia (low iron levels), Rh factor, urinalysis, etc. Unfortunately, there are some very IMPORTANT lab tests that are recommended that we are not able to evaluate here at WWH. For these lab tests we use CPL (Clinical Pathological Laboratories Inc).

There are a number of tests that our patients request frequently. As a service to you, we have negotiated special (cheaper) rates with CPL. These test include: Chlamydia/Gonorrhea, HCG Quantitative Blood Test, Herpes Culture, Syphilis, HIV, CBC (Chemistry Panel) TSH (Thyroid Stimulating Hormone), Prolactin and Urine Cultures. You can take advantage of the negotiated rate by paying for the test at WWH at the time of your visit. We'll collect the lab fee from you when the sample is collected and pay CPL on your behalf. The samples are then sent out, evaluated and the results are returned to WWH. You may choose not to pay WWH for your testing and let CPL bill you directly; you will then pay the higher lab rate.

There may be additional labs the physician/nurse practitioner may recommend for you, as a result of your visit today. These tests may not be part of our reduced fee contract. The payment for these tests is your responsibility. In these cases, you only need to pay WWH for having the lab sample collected (i.e. having blood drawn or collecting a specimen). A separate lab bill will be sent to you from CPL for these tests. You will pay the lab directly. We can usually tell you what kind of charge you can expect, and payment plans are possible with CPL.

This is to certify that I, \_\_\_\_\_, understand that any additional laboratory testing is my financial responsibility. I have been informed that CPL will charge me for any testing not provided through Whole Woman's Health.

I confirm that I have read and fully understand the above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

