ADVANCED CARE FOR WOMEN

Manuel R. Quintana, M.D., FACOG *Denis A. Perez, M.D., FACOG*

Board Certified OB/GYN

Andrea L. Williams, MSN, NP-C

CHARGES INCURRED WITH OUTSIDE LABORATORY

Name: ___________________________________

This is to advised that any lab work such as pap smear, cultures, blood work and/or biopsies will be sent to an outside laboratory. We will ensure that this lab is participating with your insurance. You may receive a bill from this outside laboratory for processing of these test.

I have read and understand that charges incurred in this office may not be the total charges for any lab testing described above. I also acknowledge any charges incurred may not be covered by insurance and I will be responsible to pay. These charges may be billed to me by the laboratory performing these services. I am also aware that Advanced Care for Women are not responsible for billing such charges and any concerns or issues with laboratory charges will need to addressed directly with the laboratory.

Patient Signature: ____

Date: ______________________________

800 Century Medical Drive • Suite B • Titusville, Florida 32796

(321) 383-2122 • (321) 383-4119 Fax