



OB/GYN Associates
of Lancaster, Inc.

SPECIMEN CONSENT FORM

OB/GYN ASSOCIATES OF LANCASTER, INC. utilizes *Pathology Laboratories* for all patients that will need bloodwork, urine collection, pap smears, and cultures. *Pathology Laboratories* is in network with all major insurance providers. There is a possibility that your insurance could not be in network and therefore the specimen collected would be considered out of network. For specimens that are classified as out of network, the patient understands that they are financially responsible for any bills they may incur.

Pathology Laboratories does offer payment options and can help with financial assistant if a bill is too high for the patient. The insurance that is excluded from sending to *Pathology Laboratories* is **Aetna**. Patients who carry this specific insurance may be asked to send their specimen to *Pathology Laboratories* to be able to provide an accurate treatment plan. This is due to some cultures we may collect for **Aetna** does not always provide the appropriate treatment plan that your Provider is wanting.

By signing this form, you agree to have your specimen sent to *Pathology Laboratories* unless stated otherwise. If no verbal or written consent is received, we will proceed with sending all specimens to *Pathology Laboratories*.

Printed Name: _____

Signature: _____

Date: _____

Patient ID: _____