LABS 101: LABS THROUGH INSURANCE OR PRE-PAID?

As you consider your hormone labs, you have a choice. Our goal is to help you make a well-informed decision. No matter which you choose, please note, the labs we are ordering are considered medically necessary based on your symptoms, and to help manage and improve your health and wellness.

The amount you pay when labs are processed through your insurance depends on a few factors:

1) **Insurance Contracts and Deductibles:**
    a. Your insurance carrier may have negotiated lab cost with specific laboratories such as: Quest, LabCorp, etc. Regardless of the "billed rate," you may receive the benefit of the "contracted rate."
    b. If no such agreements are in place, your labs are considered "out of network." While some insurance plans provide some level of "out of network" benefits you will more than likely encounter a higher "patient responsibility" bill/co-pay.
    c. At the beginning of the new calendar year, or if you have not met your plan deductible, your "patient responsibility" bill/co-pay may be higher, or you may be responsible for the full amount.

2) **Cash Options:**
    a. We offer you the option to pre-pay your labs through **(Your practice name here)**. We have negotiated a discounted rate for cash pay clients. This option was created for our patients to avoid surprises and to help those who currently do not have insurance. Please note, your insurance company could potentially have a more favorable rate for the lab panel than the cash price of _____. ***(Decide if you want to include 1st and 2nd lab cost in the blank or if you want to include the cost above at all)***
    b. If you have a Health Saving Account (HSA) or Flex Savings Account (FSA), you can pay the cash price and we will provide you with a receipt for submission to your HSA or FSA.

After careful consideration I am electing the following options:

- ○ Insurance Billed: Please submit my labs through my insurance company. I understand that any amount not paid by my insurance company will be my responsibility.

- ○ Pre-paid: I prefer to pre-pay my lab tests through **(Your practice name here)**.

Printed Name_____ Signature_____ Date_____