



Referral to Outside Laboratories, Facilities, and/or Providers

The purpose of this form is to make sure your testing goes to the correct participating laboratory based on your insurance coverage.

I acknowledge that in the course of my treatment, RMASOCAL may refer me to other health care facilities and/or providers for diagnostic tests, x-rays, procedures or consultation. RMASOCAL agrees to notify me when such a referral is required. I understand that RMASOCAL does not know whether that Facility or Provider that are referring me to is a participating provider of my insurance plan.

I agree that should RMASOCAL make such a referral, **it is my responsibility to verify my insurance coverage, eligibility, pre-certification (if applicable) , and whether or not the outside Facility or Provider that RMASOCAL refers to contracts with my health insurance plan.** RMASOCAL is not responsible should my health insurance plan process claims at the non – contracted level for the referred services(s). I agree to be financially responsible for either the full amount or the balance after payment by my health insurance plan should the claim be denied or processed at a lesser benefit level.

RMASOCAL commonly refers to the following outside laboratories; Quest Diagnostics, Lab Corp, Counsyl, Genzyme Genetics. Please note: all Blue Cross, United, and Oxford Health Plans patients’ lab work must be sent to Lab Corp. Aetna patients must utilize Quest (if having blood work done at an outside lab). If my insurance requires a different lab I understand that I need to obtain a script from RMASOCAL and have my blood drawn at the designated facility required by my insurance carrier.

Patient

Partner (if applicable)

Name (Print): _____

Name (Print)_____

My preferred laboratory is: _____

My preferred laboratory is: _____

Signature: _____

Signature: _____

Date: _____

Date: _____