

PNP Information for Parents/Guardians/Patients Regarding Billing of Lab Tests:

Please select a commercial lab to which we will send your specimen. Insurance companies may contract with a preferred Lab and unfortunately we do not have access to your specific plan.

Preferred Lab (Must Circle one): Quest LabCorp Unknown
(If unknown, see reverse regarding PNP Default routing)

PNP physicians often order lab testing on our patients. These decisions are made after discussion with you/your child, when we decide that a test is necessary, either because of a clinical situation or because an outside institution (hospital, school, camp, country) requires it.

Please be aware that when we order tests, **PNP has no control over the charges from the reference lab nor whether your insurance company will cover the cost of the test and/or assign it to your deductible.**

Generally, we expect that most tests should be covered when done for medically indicated reasons.

We see certain types of lab tests that have a higher rate of not being covered:

- 1) **STOOL** or **RESPIRATORY PANELS** sent to a reference lab.
- 2) Tests that are done **outside of routine screening recommendations.**
- 3) **Genetic Testing**
- 4) **Subspecialist labs:** Subspecialist labs will be reviewed with you by the ordering subspecialist and any charges that result from the lab due to these tests must be discussed with the subspecialist who ordered them.
- 5) Tests required by an **outside institution** (college, medical school, hospital, etc...) to document immunity, such as Hepatitis B, Measles, Mumps or Rubella titers.

We understand how complicated this process might seem. Unfortunately, PNP has no control over the cost of the tests nor can we assign a clinical diagnosis that is not appropriate.

By signing this document, I agree that all costs from lab tests conducted by a reference lab are my responsibility. Any questions or disputes of charges shall be referred to your insurance company and the lab that sent the bill.

Patient's Name: _____ Date of birth: _____

Adult Patient/Guardian Signature: _____ Date: _____

Labs have contracts with the respective insurance companies. PNP will direct all lab samples to the preferred lab for each insurance company - based on the information that we have available. There could be individual requirements or updated/changed guidance of which we are not aware of for a specific plan. PNP assumes no responsibility for any charges that may result from outside laboratory tests.

Insurance Company	Insurance Preferred Lab	PNP Default Lab
Aetna	LAB CORP OR QUEST	QUEST
Aetna Meritain	LAB CORP OR QUEST	LAB CORP
Amerihealth	LAB CORP	LAB CORP
Americhoice UHC	LAB CORP	LAB CORP
Cigna	LAB CORP OR QUEST	QUEST
Empire BCBS HMO/PPO	LAB CORP OR QUEST	LAB CORP
Great West (part of Cigna)	LAB CORP OR QUEST	QUEST
Healthscope (Aetna or UHC)	QUEST	QUEST
Horizon BCBS NJ	LAB CORP OR QUEST	LAB CORP
Imagine	QUEST	QUEST
<u>Keystone Central</u>	QUEST	QUEST
<u>Keystone Health</u>	LAB CORP	LAB CORP
Multiplan (Princeton Seminary)	LAB CORP OR QUEST	QUEST
Oxford(part of United Health)	LAB CORP OR QUEST	QUEST
Qualcare	QUEST	QUEST
United Healthcare	LAB CORP OR QUEST	QUEST
Wellpoint (was Amerigroup)	LAB CORP OR QUEST	QUEST