

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

Please select a commercial lab to which we will send your specimen.

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

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. PNP assumes no responsibility for any charges that may result from outside laboratory tests.

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: _____

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</u> Central	QUEST	QUEST
<u>Keystone</u> Health	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