My insurance requires that my lab work be sent to (please initial):

_____ My lab work can be performed by Effingham Hospital

_____ LabCorp

_____ Quest

_____ Quest (LabCard)

_____ St Josephs/Candler **(*Lab order will be given for patient to have drawn at Lab Facility*)**

I understand that it is my responsibility to inform Effingham Hospital if my insurance requires my lab work be sent to a specific laboratory. I also understand that if I fail to do so, I will be responsible for any balance remaining after my insurance company has paid its portion of the claim.

_____
Patient name

_____
Patient signature Date