UnitedHealthcare®

Laboratory & Pathology Services Consent Form

At UnitedHealthcare, we encourage you to use a network lab or pathologist because using a non-network lab or pathologist may result in higher out-of-pocket costs. You are being asked to sign this consent form because your physician is requesting to do one of the following:

- Send you to a lab or pathologist to have your blood drawn or specimen collected for (select only one box):
  - ☐ One-time testing
  - ☐ Ongoing monitoring (standard order or custom profile testing; valid for one year from signature date below)
- Draw your blood or collect your specimen in the office and send it to a non-network laboratory or pathologist for processing.

All non-network lab and pathology claims will be treated as non-network, and will not be paid with network benefits under your benefit plan. If your benefit plan includes non-network benefits, the non-network costs will apply. If your plan does not include non-network benefits, you will be responsible for the entire cost of the laboratory or pathology service(s). **This form does not apply if you have your blood drawn or specimen collected in the office and sent to a network lab or pathologist.**

If you are not sure if the lab or pathologist being used is in your network, please ask your care provider. If the lab or pathologist is not in your network and you would like to use a network lab or pathologist, you or your care provider can locate network laboratories and pathologists at myuhc.com > Find a Physician, Laboratory or Facility > Tests and Imaging > Lab Tests, use the UnitedHealthcare Health4Me℠ mobile app or call the toll-free member number on your health plan ID card.

Please make your selection by marking only one box below:

- ☐ **I will use, or have asked my physician to use, a network laboratory or pathologist.**
- ☐ **I will use, or have agreed to use, a non-network laboratory or pathologist. I was provided and declined the opportunity to select a network lab/pathologist and am voluntarily choosing to obtain services from a non-network laboratory/pathologist. I am aware that I will be responsible for the entire cost of the lab/pathologist services, unless my benefit plan has non-network benefits, in which case my non-network benefits will apply. I understand that non-network care providers are generally prohibited from waiving member cost share amounts such as copayments, deductibles and coinsurance.**

To be completed by the referring network physician or healthcare professional:

Referring Care Provider Name:	Referring Care Provider Tax ID Number:
Patient Name:	UnitedHealthcare Member ID:

To be completed by patient or legal guardian:

Patient Signature:	Date:	Daytime Phone Number: