

Insurance Coverage for Laboratory or Radiologic Tests

What are laboratory or radiologic tests?

Laboratory tests typically involve blood test, urine analysis or test on tissue biopsy. Most common radiologic tests are X-ray, ultrasound, CAT scan or MRI.

Why are laboratory or radiologic tests necessary?

Laboratory and radiologic tests are necessary to screen you for certain disorders you are at risk for, to find out why you have certain symptoms, and to evaluate if you respond well to a particular treatment.

What tests are ordered for me?

Family Fertility Center follows prevailing standards of care regarding what tests are medically indicated for our gynecologic patients as well as patients with infertility. These tests include but are not limited to screening for cervical cancer such as Pap smear and HPV testing; screening for sexually transmitted diseases, STD, including HIV; pre-conception screening for cystic fibrosis and other genetic diseases for all reproductive age women; genetic disease testing and chromosomal analysis for certain medical conditions; and ovarian reserve testing such as anti-Mullerian hormone, AMH.

Does my health insurance cover the cost of laboratory or radiologic tests?

Even though a test is medically indicated and recommended by prevailing standards of care, it may or may not be covered by your insurance. Family Fertility Center makes no guarantee that your insurance will cover any test.

Can Family Fertility Center find out for me if a laboratory or radiologic test is covered by my insurance?

Your health insurance is a contract between you and your insurance company. It is your responsibility to contact your insurance company to find out whether a particular test is covered by your policy and how much you should expect to pay.

What should I do if I am concerned the test is not covered by my health insurance?

You must voice your concern to the staff at the Family Fertility Center and request to opt out of any or all of the medically indicated tests **BEFORE** the test is performed.

PLEASE SIGN BELOW TO INDICATE WHETHER YOU WISH TO PROCEED WITH OR OPT OUT OF ANY OR ALL LABORATORY OR RADIOLOGIC TESTING

[] I agree to **PROCEED** with laboratory and radiologic testing as indicated by prevailing standards of care*. I understand I am responsible to contact my insurance company to find out if a particular test is covered by my insurance policy and my expected out of pocket expense.

[] I wish to **OPT-OUT OF ALL** medically indicated laboratory and radiologic testing until further notice. I understand by declining laboratory and radiologic testing, my medical care is compromised because such tests are necessary to screen for certain diseases I am at risk for, to find out why I have certain symptoms and/or to evaluate if I am responding well to a particular treatment.

[] I wish to **OPT-OUT OF ONLY THE TEST WRITTEN BELOW** until further notice. I understand by declining laboratory and radiologic testing, my medical care is compromised because such test is necessary to screen for certain diseases I am at risk for, to find out why I have certain symptoms and/or to evaluate if I am responding well to a particular treatment.

Name of laboratory or radiologic test opting out _____

*Family Fertility Center makes no guarantee any or all of the laboratory or radiologic testing is covered by your insurance company in spite of prevailing standards of care. **It is your responsibility to contact your insurance company to find out whether a particular test is covered and your expected out of pocket expense. You are responsible for the cost of any or all of the laboratory or radiologic testing not covered by your insurance.**

Patient Signature: _____ **Date:** _____