



Atlantic Dermatology Associates, P.C.

Dermatology and Dermatologic Surgery

Biopsy Information Waiver

Patient Name: _____ Date of Birth: _____

Insurance Plan: _____

Your specimen will be sent for interpretation to an outside laboratory. The insurance information provided to our office will be sent along with your specimen, so they may submit their claim to your insurance carrier for you. **If your Insurance Carrier requires a specific laboratory, you must specify this at the time of each visit.**

Here is a list of the laboratories that we send specimens to.

**Dominion Pathology
Sentara Reference Lab**

**LabCorp
Aurora Diagnostic**

Quest

You may receive two bills for your pathology specimen analysis. One from the Pathologist and one from the Technician who prepared the slide for the specimen. At times a clearer interpretation may be needed, requiring special stains as determined by the Pathologist. This may require an additional cost.

****Please Initial _____**

If our physician refers you to another specialist, for continuity of care, we may send data and pictures electronically. These are sent through a non-secure email. Please inform our staff if you do not want these to be sent via email.

****Please Initial _____**

Atlantic Dermatology Associates is not responsible for specimens submitted to the wrong laboratory due to incorrect insurance information. If you have any questions regarding a statement that you have received from the laboratory, please contact their billing department for information.

****Please Initial _____**

In the event we are unable to reach you regarding your results, a message with your results may be left on the following phone numbers

Home phone ()-YES or ()-NO Cell phone ()-YES or ()-NO

I have read and understand the above information and agree to have my specimen sent to one of the outside labs indicated above.

Signature: _____ **Date:** _____