

CLIENT BILL ACKNOWLEDGEMENT

I _____, acknowledge that I am choosing the “Client Bill Option” offered by Fairhope Family Medicine, LLC (hereinafter “FFM”) as the manner in which I will pay for my lab-work. I understand that my blood will be drawn by the Quest Diagnostics phlebotomist who is located in the FFM building. I understand that I have the option to allow Quest to submit a claim to my insurance company or to bill me directly if I have no insurance. I have been advised that the “Client Bill Option” provides a discounted price from the Quest pricing. I am aware that FFM is not able to advise me of what the pricing would be if Quest Diagnostics billed me directly. I understand that I must sign this form and pay for the lab-work prior to the blood being drawn in order to choose the “Client Bill Option”. I understand that if I subsequently decide to reverse the payment option, I will be charged a \$50.00 paperwork fee in order to do so. I have been advised that there are rare circumstances where the results of certain labs will require Quest to perform other tests on my blood sample. I understand that FFM has not included the cost of those additional labs if that situation arises and agree to pay the additional fee for those labs. If I choose not to pay that additional cost, I am aware that FFM will advise Quest to terminate the “Client Bill Option” and I will be billed directly by Quest for the cost of the lab-work without the “Client Bill Option” discount applied to that bill.

I UNDERSTAND THAT I MUST BRING THIS FORM AND MY LAB ORDERS WHEN I RETURN FOR MY LAB DRAW. IF I DO NOT, I MAY NOT BE ELIGIBLE TO RECEIVE THE CLIENT BILL PRICING

Patient initials _____

Signed: _____

Dated: _____

Price for labs _____

Form of payment _____

Date _____