BOZEMAN CREEK FAMILY HEALTH
Patient Notice Regarding Laboratory Testing

To help ensure transparency regarding healthcare costs, Bozeman Creek Family Health is implementing a new **Patient Financial Responsibility Agreement for Commercial Laboratory Services**.

Laboratory testing is often an important part of your medical care. However, insurance coverage for laboratory services varies significantly among health plans. Some tests may be subject to deductibles, copayments, coinsurance, frequency limitations, prior authorization requirements, or may not be covered by your insurance plan.

Beginning immediately, patients will be asked to review and sign this form when laboratory testing is ordered. The purpose of the form is to help patients understand that:

- Insurance coverage for laboratory services cannot be guaranteed by the clinic.
- Coverage decisions are made by your insurance carrier based on your specific benefits and plan requirements.
- Patients may be financially responsible for charges that are not covered by insurance.
- Patients have the opportunity to ask questions regarding laboratory testing and insurance coverage before services are performed.

This form does not change your insurance benefits or the care you receive. It is intended to improve communication and provide a clear understanding of potential financial responsibility before laboratory services are completed.

We encourage patients to contact their insurance carrier directly if they have questions regarding coverage for specific laboratory tests.

Examples of circumstances in which a laboratory test may not be covered include:

- The test is considered investigational or experimental by your insurance carrier.
- The diagnosis provided does not meet your insurance carrier's coverage criteria.
- The service exceeds frequency limitations established by your insurance carrier.
- The test requires prior authorization that has not been obtained.
- The service is excluded under your specific insurance policy.
- The service is ordered as part of preventive screening but is not covered by your plan.

Patient Acknowledgment

1. My healthcare provider has recommended laboratory testing as part of my medical care.
2. My insurance carrier may deny payment for some or all of the laboratory services ordered.
3. Bozeman Creek Family Health cannot guarantee insurance coverage or payment.
4. I am responsible for any charges not paid by my insurance carrier, including deductibles, copayments, coinsurance, and non-covered services.
5. If my insurance carrier denies payment for laboratory services, I may receive a bill directly from the laboratory and/or Bozeman Creek Family Health, depending on the nature of the service provided.
6. I have the right to contact my insurance carrier before testing is performed to verify coverage and benefits.

Important Notice: This form is not a Medicare Advance Beneficiary Notice (ABN). It is a financial responsibility acknowledgment used for patients with commercial insurance plans and other non-Medicare coverage. Coverage and payment decisions are determined by the patient's insurance carrier.