

NOTICE OF POSSIBLE INSURANCE NON-COVERAGE

I understand that in order to diagnose and/or treat my medical condition a range of laboratory tests may be required on my blood. These tests will, where possible, be conducted at the laboratory located in the Diabetes and Metabolism Specialists clinic. I understand that my insurance MAY NOT COVER the cost of any or all of the blood test laboratory analysis performed by this on-site laboratory. If my insurance carrier does not cover the laboratory analysis I agree to be responsible for all charges which may be billed to me for this procedure.

Signature

Date
