4142 South Mingo Road, Tulsa, OK 74146
Billing phone number: (918) 744-2164
Billing Toll Free: (800) 331-9102

A. Notifier:

B. Patient Name: **C. Identification Number:**

Waiver for Molecular Testing

NOTE: If your insurance doesn't pay for **D.** ____________ below, you may have to pay.
In most instances insurance companies will require Molecular testing to be authorized before the testing is performed and the procedure may be denied if your health care provider did not obtain prior authorization. We expect your insurance may not pay for the **D.** ____________ below.

D.	E. Reason Insurance May Not Pay:	F. Estimated Cost
	Prior authorization from the ordering provider may be required	

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** ____________ listed above.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.** ____________ listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment. I understand that if my insurance doesn't pay, I am responsible for payment, but **I can appeal to my insurance company** by following their patient appeal process**.** If my insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** ____________ listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if insurance is not billed**.

☐ **OPTION 3.** I don't want the **D.** ____________ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if my insurance would pay.**

H. Additional Information: Please contact your doctor to confirm they obtained prior authorization.

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date: