



Laboratory and Pathology Services Consent Form

Please sign and complete this consent form allowing your doctor to do one of the following:

- Send you to a lab or pathologist to have your blood drawn or specimen collected for (select one box only):
 - One-time testing
 - Ongoing monitoring (standard order or custom profile testing)
- Draw your blood or collect your specimen in the office and send it to an out-of-network lab/pathologist for processing

This form does not apply if you have your blood drawn or specimen collected in the office and sent to a network lab. This form is valid for 15 days from the date you sign, unless the “Ongoing monitoring” box is selected. Ongoing monitoring is valid for one year from the date of your signature.

UnitedHealthcare encourages you to use a network lab or pathologist. You may have to pay more in out-of-pocket costs if you use an out-of-network lab. Ask your care provider if the lab being used is in your network.

How do I find a network lab or pathologist?

You or your care provider can find network labs and pathologists at myuhc.com.

- Select **Find a Physician, Laboratory or Facility**.
- Choose **Tests and Imaging** and select **Lab Tests**.

Or you can use the UnitedHealthcare Health4MeSM mobile app or call the toll-free member number on your health plan ID card.

Select one of the boxes below:

- I will use (or have asked my doctor to use) a network lab/pathologist.
- I will voluntarily use (or have agreed to use) an out-of-network lab/pathologist. I was provided and declined the chance to select a network lab. I will be responsible for the entire cost of the service if I don't have out-of-network benefits. If my benefit plan includes out-of-network benefits, the out-of-network costs will apply. I understand that out-of-network care providers are generally prohibited from waiving member cost share amounts, such as copayments, deductibles and coinsurance.

To be completed by your referring network doctor or healthcare professional:

Referring care provider name	Referring care provider tax ID number
Patient name	UnitedHealthcare member ID

To be completed by patient or legal guardian:

Patient signature	Date	Daytime phone number
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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。