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## Patient Choice of In-Office Laboratory Services

Please indicate the laboratory service of your choice. We will default any labs or specimens collected in our office to Quest Diagnostics, unless otherwise specified. We will forward any specimens that require laboratory processing to the laboratory of your choice. Laboratory results will be placed on record for physician reference at the designated hospital lab and will also be retained in your patient file here at Dr. Mark Richey's office.

### When making your choice, you may want to consider:

- ✓ Your health plan coverage for services at any preferred hospitals
- ✓ Convenience of laboratory location and hours of operation
- ✓ Which hospital you are most likely to receive services at if you need or anticipate hospital care services (as your records will be available at that location as well)

If after completing this form, if you decide you would like to change your laboratory preference, simply complete a new form at your next visit.

We can fax your orders or results to the laboratory of your choice, as well as provide you with written orders to take with you for your laboratory services.

Laboratory services will be billed by the facility or company performing the tests. Dr. Mark Richey is not responsible for submitting claims, or billing you or your healthcare insurance payer for laboratory services. You are financially responsible for all laboratory services. Please bring a copy of your insurance card with you to your initial registration at the laboratory.

Your signature below is confirmation that you have selected a preferred laboratory and understand the terms of laboratory referral services described above.

Patient Name:			
Date of Birth:			
<b>Please Circle the Laboratory Service of Your Choice:</b>			
Providence	Alaska Regional	Quest	Other: _____
<input type="checkbox"/> Labs	<input type="checkbox"/> Labs	<input type="checkbox"/> Labs	
<input type="checkbox"/> Paps	<input type="checkbox"/> Paps	<input type="checkbox"/> Paps	

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date