

# PATIENT RELEASE FORM

Dominion Diagnostics is the clinical laboratory that your physician or healthcare provider has chosen to integrate into his or her practice and your treatment at \_\_\_\_\_  
(PRINT TREATMENT FACILITY NAME)

Dominion's laboratory offers clinical urine drug testing and monitoring that provides key clinical information to your physician or healthcare provider regarding prescription adherence, illicit drug usage, and drug elimination.

When applicable, Dominion Diagnostics will bill your health insurance provider for the clinical urine drug testing services performed at its laboratory and accept reimbursement as determined by your coverage plan.

## Patient Authorization:

I \_\_\_\_\_, \_\_\_\_\_ authorize Dominion Diagnostics to:  
(PRINT PATIENT NAME) (PRINT PATIENT DATE OF BIRTH)

- (1) Release the laboratory test results to the ordering facility listed above and to my treatment providers.
- (2) Bill my insurance provider for necessary charges associated with laboratory testing performed.
- (3) Receive payment from your health insurance provider for the laboratory testing performed.
- (4) Collect from your treatment provider and utilize any medical information necessary to process the insurance claim.

I further understand that Dominion Diagnostics will bill my insurance provider its Usual and Customary Charge for the testing ordered by my physician or healthcare provider. I understand that I am responsible for any co-pays, deductibles, or other fees that my insurance provider deems my responsibility.

If my insurance provider should reimburse me directly, I agree to endorse the check and send it to Dominion Diagnostics within 30 days. Otherwise, I am responsible for the amount owed.

I understand I may contact Dominion Diagnostics Billing Department at 1-800-511-8427, Option 4 to discuss any questions or concerns regarding payment or to receive information on Dominion's financial assistance program.

### FINANCIAL STATUS QUALIFICATION STATEMENT

**Financial Hardship (Indigent)** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Patient qualifies as indigent per the following definition: Patient is receiving free or reduced care from the Treatment Facility listed above, has no health insurance, and is unable to pay the Usual and Customary Charge without financial hardship. The Treatment Facility shall maintain, and make available to Dominion Diagnostics if requested, financial records verifying "indigency" status.

\_\_\_\_\_  
Authorized Treatment Facility Signature (REQUIRED)

\_\_\_\_\_  
Date

**SIGN HERE**

\_\_\_\_\_  
Patient Signature (REQUIRED)

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(REQUIRED FOR CHILDREN UNDER 18 YEARS OLD)

\_\_\_\_\_  
Date

**NOTE: This release is in effect for the patient's entire length of treatment.**