NorDx
MaineHealth

Notice and Consent of Patient Financial Responsibility for Laboratory Testing

Dear Patient and Responsible Party:

The laboratory test(s) ordered by your provider may require a prior-authorization or may not be a covered benefit under your health insurance plan. For your convenience NorDx will bill your insurance plan, however, should your insurance plan determine the test(s) performed were not a covered benefit, were not medically necessary, and/or were not pre-authorized **you agree to pay NorDx promptly for the services provided**.

By signing below I acknowledge

- I understand my insurance plan may not cover the charge of some or all of the laboratory tests ordered by my health care provider, and
- I agree to pay the NorDx the charge, estimated to be $_____, for the non-covered tests within thirty days upon receipt of a bill from NorDx.

Patient or Guardian Signature	
Patient or Guardian Printed Name	
Today's Date	
NorDx Lab Accession #	