



Janet D. Larson, M.D., P.C.

*Maternal Fetal Medicine*

**WAIVER OF LIABILITY FOR LABS**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle where you would like for us to send our lab work; preferably the lab that your insurance will pay for should be your choice if you do not want to be charged 'out of pocket' costs:

University Hospital

Labcorp

Quest

Mullins

This office will make every attempt to submit your lab work to the in-network lab covered by your insurance. However, if an out-of-network lab must be used for any reason, please understand that you will be fully responsible for any incurred charges not covered by your insurance.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness (Office Staff Only)