

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

Maternal Fetal Medicine

Date:	
Patient Name:	
I understand that my insurance may not cover the	e lab charges for
the tests that my doctor has ordered on the above	date.
I understand that I will be responsible for any cha	arges not covered
by my insurance.	
Patient Signature	Date
1 attent Signature	Date