



Innovative Women's HealthCare Solutions
Patient *centered*. Patient *driven*. Patient *empowered*.

Blood and Specimen Consent Form

- **I give Innovative Women's Healthcare Solutions consent to collect my blood and any required cultures for STD testing.** I understand if I have any questions regarding my laboratory coverage, I can contact my insurance company *and* that Innovative Women's Healthcare Solutions cannot do this on my behalf. I understand that the laboratory will process and bill my insurance company for any test, and that all bills related to labs are subject to my insurance coverage. I understand that Innovative Women's Healthcare Solutions is a separate entity and is not responsible for any bills that I incur from the laboratory. If I should have any questions regarding my bill, **I will contact my insurance company and/or the laboratory regarding this matter**. I understand that Innovative Women's Healthcare Solutions cannot perform any adjustments to my laboratory bill of any sort.
- I give Innovative Women's Healthcare Solutions consent to send all specimens, not limited to bloodwork, pathology, and/or cytology to the laboratory for processing. I understand if I have any questions regarding my laboratory coverage, I can contact my insurance company in that Innovative Women's Healthcare Solutions cannot do this on my behalf. I understand that the laboratory will process and bill my insurance company for any testing, and that all bills related to labs are subject to my insurance coverage. I understand that **Innovative Women's Healthcare Solutions is a separate entity and is not responsible for any bills that I incurred from the laboratory** and that if I should have any questions regarding my bill, I will contact my insurance company and/or the laboratory regarding this matter. I understand that Innovative Women's Healthcare Solutions cannot perform any adjustments to my laboratory bill of any sort.

Patients Name (Please Print): _____

Patients Signature: _____ Date: _____

Melinda Miller-Thrasher, MD, FACOG ▪ Janice Hull, NP ▪ Sonya Wallace, NP ▪ Wilhamina Bailey, PA

3200 Highlands Pkwy SE Suite 420 ▪ Smyrna, GA 30082 ▪ (678) 424-1123

www.iwhcs.com