Precision Lab Services
4020 21st St, Suite 5B, Lubbock, TX 79410-1126
806.771.9988 Fax: 806.687.7318

Vitamin D
Non-Covered Services Waiver

Patient Name ______________________________

Ordering Provider ______________________________

Date Ordered ______________________________

I understand that the laboratory services listed below may not be considered eligible for benefits (i.e. services may be considered not medically necessary, investigational or be non-covered) by my health insurance provider. I understand that my health insurance coverage has certain restrictions and limitations, such as prior-authorization requirements and non-covered service guidelines.

By signing this form, I understand that I am agreeing in advance to receive these specific services and to pay for the services identified below if my insurer denies payment because the services are not covered by my health insurance plan.

☐ Vitamin D, 25-Hydroxy (4023, CPT 82306) $ 65.25

☐ Vitamin D2, D3, 25-Hydroxy (706, CPT 82306) $ 187.50

Patient Signature ______________________________

For laboratory use only

Schedule 0 1 3 4

Billing Notes

Place Accession Label Here