



Pathology and Laboratory Medicine
Henry Ford Health System
2799 West Grand Boulevard
Detroit, MI 48202

PATIENT INFORMATION AND RESPONSIBILITY

Thank you for choosing the Henry Ford Health System for your healthcare needs.

After discussing care options, you and your doctor have determined a need for the service described below. The test, listed below, is not currently an available service within the Henry Ford Health System.

We have received a request for the following test or service:

Case Number (if known) : _____

Patient Name : _____

Patient MRN : _____

Patient DOB : _____

Name of the laboratory : _____

Test name : _____

As a courtesy to you and your doctor we will try to assist by providing a sample to an outside provider directly or in some cases to your doctor. Since we do not provide this testing service we do not have current information on the cost for this service or whether any insurance will cover the cost. We encourage you to call the number on your insurance card to discuss coverage.

By signing below, you understand that you or your insurance will be billed directly for these services and that the Henry Ford Health System does not accept responsibility for payment. The service provider may contact you for insurance or payment information.

Agreed to by:

Guarantor Name (print): _____

Guarantor Address: _____ Phone: _____

Guarantor Signature: _____ Date: ____/____/____