



PATIENT CONSENT TO PATHOLOGY BILLING & BILLING COMMUNICATIONS

PROVIDER: Please have your patient read, sign and date this consent form prior to the biopsy. Please enclose this form with the specimen.

Your doctor has determined that you need to have a biopsy procedure performed. The tissue removed during today's surgery will be sent for microscopic examination and diagnosis by one (or more) of CTA Pathology's associated professional client companies. Our board-certified pathologists will send a written report of the test results to your doctor.

You may receive a bill for this service, which is separate from the fee charged by your surgeon. Based upon the different complexities of each tissue sample we receive; our fees may vary. In case of multiple tissue sites, each site will have a separate fee.

We will bill your medical insurance as directed on the requisition form. Please note that some insurers, including most dental insurance providers, do not reimburse for pathology services. You are responsible for any portion not covered by insurance. If you do not have insurance or your insurance denies the claim, we can offer a self-pay discount and flexible payment plans.

Disclaimer: In certain cases, your specimen may be sent for expert consultation at a partner facility. We will make reasonable efforts to confirm that the consultation is in-network with your insurance. You may receive a separate bill if your insurance requires it.

Consent for Electronic Statement Delivery (Optional)

You may choose to receive billing statements by email and/or text message (SMS) instead of paper mail. By checking **one or both** boxes below and signing this form, you consent to receive automated statements through these methods.

- Email** — I consent to receive billing statements by email at: _____
- Text Message (SMS)** — I consent to receive billing statements by text at: _____

I understand that:

- I may opt out at any time or update my contact information by notifying CTA Pathology's billing department at **(503) 906-7300** or **info@ctapathology.com**.
- Electronic statements will not include detailed medical information (PHI).
- Standard message and data rates may apply.
- I am not required to grant consent for electronic billing. If I do not select an option above, I will continue to receive paper statements by mail.

I decline electronic delivery and prefer to receive paper statements only.

I understand that I am responsible for payment for all services provided by CTA Pathology's associated professional client companies.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian