



Patient Financial Responsibility Acknowledgment for Pathology Services

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

PATIENT: Your healthcare provider has determined that you need to have a biopsy procedure performed. The tissue removed during your procedure will be sent for microscopic examination and diagnosis by one (or more) of DERMPATH SPECIALISTS, LLC’s associated professional client companies: CTA Oral Pathology Consultants of Michigan, PLLC, Kristin McNamara DDS, LLC, CTA Oral Pathology Consultants of Florida PA, and/or Curtis T. Thompson, M.D. & Associates, PLLC. Our board-certified pathologists will send a written report of the test results to your healthcare provider.

You may receive a bill for this service, which is separate from the fee charged by your provider. Fees may vary based on the complexity of each specimen examined. If multiple tissue samples are taken, each may be billed separately. This document is intended to inform you of, and obtain your acknowledgment of, financial responsibility for pathology services related to your biopsy.

Coverage varies by insurance plan, and many insurers, including most dental insurance plans, do not reimburse for pathology services. You are financially responsible for all deductibles, copayments, coinsurance, and any services not covered by your insurance.

If you are uninsured or your insurance denies the claim, we can offer a self-pay discount and flexible payment options.

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 for consultation services if required by your insurance.

For billing or insurance questions, please contact our billing department by phone at (503) 906-7300 or by email at info@ctapathology.com

I understand and agree that I am financially responsible for payment for all services provided by CTA Oral Pathology Consultants of Michigan, PLLC, Kristin McNamara DDS, LLC, CTA Oral Pathology Consultants of Florida PA, and/or Curtis T. Thompson, M.D. & Associates, PLLC.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian