



**MOLECULAR
DIAGNOSTICS
LABORATORY**

Molecular Diagnostics Laboratory at DDC Clinic
14567 Madison Rd., Middlefield, OH 44062
Phone: 440-632-5532 Fax: 440-632-1697
www.ddccliniclaboratory.org

FINANCIAL RESPONSIBILITY AGREEMENT FORM

Patient Acknowledgement: I acknowledge that the information provided by me is true to the best of my knowledge. For direct insurance/3rd party billing: I hereby authorize my insurance benefits to be paid directly to DDC Clinic Molecular Diagnostics Laboratory and authorize them to release medical information concerning my testing to my insurer. If applicable, I authorize DDC Clinic Molecular Diagnostics Laboratory to be my Designated Representative for purposes of appealing any denial of benefits. I understand that I am financially responsible for any amounts not covered by my insurer for this test order.

I fully understand that I am legally responsible for sending DDC Clinic Molecular Diagnostics Laboratory any money received from my health insurance company for performance of this genetic test. Failing to do so will result in my account being sent to collection.

I ALSO UNDERSTAND I AM FULLY RESPONSIBLE FOR PAYMENT OF MY ACCOUNT IF DDC MOLECULAR DIAGNOSTICS LABORATORY IS NOT A PARTICIPANT WITH MY HEALTH PLAN, AND MY HEALTH PLAN DOES NOT FULLY REIMBURSE MY MEDICAL SERVICES DUE TO LACK OF AUTHORIZATION OR MEDICAL NECESSITY.

Patient Name _____
(Print)

Patient/Guardian Signature _____ Date _____

Parent/Guardian Name – if applicable _____
(Print)