HOAA

HEMATOLOGY & ONCOLOGY
ASSOCIATES OF ALABAMA, LLC

Non-Covered Services
Patient Responsibility

Dear Patient:

We are asking you to sign this non-covered services form because there is a possibility that your insurance company may not cover some labs and outside testing services. Every contract is different. If your insurance does not cover one of these labs/services that your physician orders, you will receive a bill from that lab or outside testing service.

_____ _____

Date **Signature**

_____

Date of Birth

513 Brookwood Blvd Suite 275 ● Birmingham, AL 35209 ● Office: (205) 502-4700 ● Fax: (877) 353-3589

Serving patients in Birmingham, Fultondale, and Gadsden