



Dear Patient and Parent,

In accordance with the American Academy of Pediatrics guidelines for diagnostic laboratory testing, we have recommended one of the following procedures. For your convenience, we offer these tests here in our office.

Medical insurance continues to become more complex as plans increasingly direct patients to contracted laboratories for covered services. It has become impossible for Potomac Pediatrics to keep track of those services that we can provide to an individual patient and which patients must be referred to an outside lab.

If you choose to do the procedure in our office, we will submit the claim to your insurance company; however, if your plan requires that you go to an outside lab, you will be responsible for our fee. If you have United Healthcare, United Optimum Choice, United MDIPA, OneNet PPO, or Bluechoice you will be responsible for the cost of these services. If you have Aetna you will be responsible for any lead or urine cultures performed during your visit. Your insurance company will likely cover this test if it is done at a contracted lab. Below is a cost comparison chart should you wish to go to a lab.

	Test	Fee	LabCorp	Quest
	Hemoglobin (anemia test)	\$13.00	\$35.00	\$32.28
	Cholesterol screen	\$18.00	\$37.00	\$36.98
	Lead screen	\$24.00	\$74.00	\$86.25
	Capillary Blood Draw	\$12.00	\$25.00	\$18.14
	Urine Culture	\$18.00	\$72.00	\$60.17
	Lipid Panel	\$24.00	\$93.00	\$107.38
	Destruction of Lesion	\$145.00	N/A	N/A

We did a sample cost analysis based on a select few plans for you to see a true cost analysis. **Please recognize that each plan can differ dramatically and this probably does not represent your particular plan.** If you have hemoglobin, lead and capillary blood draw.....

	Carefirst Open Access	Carefirst Federal	United
@Potomac Pediatrics	\$41	\$6.15	\$8.20
@Labcorp	\$30 copay	\$20.10	\$26.80

Of course, an informed patient is our best patient. Please feel free to contact your insurance plan to confirm your specific coverage prior to authorizing Potomac Pediatrics' lab to assist you.

Thank you for your understanding,
Potomac Pediatrics

I have read the above letter and understand that I can choose to have this lab procedure done at a lab with whom my insurance has contracted. For my convenience, I have agreed to allow Potomac Pediatrics to perform this procedure for my child and will be responsible for any fees that are not covered by my insurance.

Printed Name: _____

Signature: _____ Date: _____

Patient Name: _____ Date of Birth _____