

Urine Specimen Information

Patient's Name _____

Primary Physician _____

D.O.B. _____

Phone Number _____

What is the urine specimen for?

Physical Examination

Recheck Urinary Tract Infection

Symptoms of a Urinary Tract Infection- if so have you spoken to a nurse?

Yes

No

Are the parents waiting for the results?

Yes

No, if not,

What phone number can you be reached at? _____

Who should we ask for? _____

I understand that Pediatric Associates will file my insurance, but that I am responsible for all charges. I authorize Peds Assoc. to release needed information to the insurance company and the insurance company to pay Peds Assoc. for the charges incurred. I further understand that it is my responsibility to pay for all charges if my insurance company does not do so.

Signature _____

*There will be a charge for urine specimen drop-off. You will be charged one or all of the following: a minimal problem charge of \$30, a urinalysis charge of \$15, and/or a urine charge of \$25. These charges are subject to deductible, co-pay, and/or insurance depending on your insurance benefits.

