

# SURGICAL/FAMILY WELLNESS CENTER LAB FEES

I understand that I will be billed separately for office visits and laboratory test at Surgical Wellness Center or Family Wellness Center.

I further understand that when I pay for the office visit, the laboratory is not included.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PATIENT SIGNATURE

Entiendo que cuando pago por la visita para ver al Medico, no incluye los cargos de laboratorios. Si se hacen exámenes de sangre u orina habra un cargo adicional.

\_\_\_\_\_  
NOMBRE DEL PACIENTE

\_\_\_\_\_  
FIRMA DEL PACIENTE