



Southern California Center for Anti-Aging

Hormone Replacement Therapy | Medical Weight Loss

23823 Hawthorne Blvd., Torrance, CA 90505

LABORATORY TESTING POLICIES

We recognize that clear and accurate information is imperative for the success of the treatment plan developed by your physician. One of the ways that this information is obtained is through laboratory testing. Below is a brief statement regarding lab fees and your responsibility as a patient at Southern California Center for Anti-Aging.

Laboratory fees

If you have medical insurance please provide Southern California Center for Anti-Aging, or the drawing laboratory with your medical insurance coverage card. Coverage of labs will depend on your plan and whether the commercial laboratory used is in-network. You may be responsible for the entire bill, co-pay or deductibles. It is your responsibility to verify if the laboratory company is an in-network laboratory. Having insurance is not a guarantee of coverage; any and all fees will be your responsibility.

If you do not have insurance or have Medicare coverage you can pay either Southern California Center for Anti-Aging prior to lab draw or the lab directly. Medicare does not cover tests that are ordered by Judi Goldstone M.D. Southern California Center for Anti-Aging has contracted with Medical Diagnostic Laboratory to provide, you, the patient, greatly reduced fees to decrease your out-of-pocket costs. Again, any and all fees are your responsibility.

Appointment to review lab results

Your doctor requests that you schedule an appointment to review the results of your lab tests. In effort to be timely and avoid delays, Southern California Center for Anti-Aging recommends that lab tests be drawn a minimum of 2 weeks prior to your next appointment. If you are unable to draw your labs in a timely manner please call our clinic to reschedule your appointment. To avoid charges, if you do need to reschedule an appointment Southern California Center for Anti-Aging requires a minimum of one (1) full business day notice. This is our policy and any rescheduling that falls within less than one (1) full business day will be subject to charges, up to the full price of the scheduled appointment.

Printed Name: _____

Signature: _____ Date: _____