**P (470) 299-1998** F (470) 299-1898 www.atlpainspecialist .com

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## **In-House Lab Charges**

Due to recent encounters with insurance companies and non-reimbursement claims, Advanced Spine & Pain Interventions, LLC will begin charging \$75 for all inhouse urine drug screenings that are not covered by the patient's insurance plan. It is the patient's responsibility to pay all fees that are not covered by their insurance policy, and in-house lab fees must be pain in-full at the time of service. We ask that you check with your insurance company to verify your coverage for all services, including urine drug screenings.

Presumptive Drug Testing Codes not covered under select insurance plans include, but are not limited to:

- 80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
- 80306 read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
- 80307 by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, 9eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

I understand and agree to the terms listed above. I acknowledge that I am responsible for all inhouse lab charges, not covered elsewhere, and such fees are payable to Advance Spine & Pain Interventions, LLC. I also understand my signature is not required, and without my written agreement, I may not receive medication(s) at the provider's discretion.

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