

PBC DERMATOLOGY

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Informed Consent

Process and Analysis of Biopsy Specimens

I, _____, understand and consent to the following:

I may be responsible for a separate fee related to processing and examination of my tissue specimen(s).

Tissue specimen(s) will be sent to a laboratory designated by my insurance company for analysis to confirm a diagnosis. Furthermore, additional costs may be incurred for consultation fees and from additional special studies if indicated.

I have been given an opportunity to have questions answered about laboratory charges to my satisfaction.

Any additional questions or issues must be addressed with my insurance carrier. I am responsible for all costs which are not covered by my insurance plan. If I do not have insurance coverage, I assume all financial responsibility associated with laboratory fees.

Patient Name: _____ Date: _____

Witness: _____ Date: _____