



University of Connecticut Health Center
 Division of Human Genetics
 Genetics Laboratory
 Butler Building 5

263 Farmington Ave.
 Farmington, CT 06030-6140

Genetic Counselors 860-523-6464
 Laboratory 860-679-4806
 Laboratory Fax 860-679-3616

Maternal Serum Screen for Birth Defects

PLEASE CONFIRM YOUR PARTICIPATION WITH OUR LABORATORIES
 Provide Insurance co. address, phone and/or a copy of insurance card or info sheet

Health Insurance Information	
Social Security #:	Telephone #:
Pt Name:	D.O.B. :
Address:	
City:	State/Zip:
Insurance Co. Name:	Insurance Co. Name:
Subscribers ID#:	Subscribers ID#:
Subscribers Name:	Subscribers Name:
Pt. relation to subs:	Pt. relation to subs:
Employer name:	Employer name:
Group #:	Group #:

ASSIGNMENT OF BENEFITS:

“I authorize my health plan to pay benefits directly to UCHC, or any provider under contract with them. I understand that in the event my health plan or health care contract does not cover services, I will be responsible for payment. Examples include co-payments, deductibles, charges considered to be beyond usual, customary, and reasonable or uncovered services (such as cosmetic surgery).”

NON-ASSIGNMENT OF BENEFITS OR SELF-PAY:

“I understand that if my health plan does not consider UCHC, or any other provider under contract with them, a participating provider, charges incurred will be paid by me. I further agree to accept full financial responsibility for payment of charges rendered to the above patient.”

Signature of patient or legal representative

Date

Relationship to patient: _____