Dermatology Associates of Plymouth Meeting, P.C.
531 W. Germantown Pike, Second Floor
Plymouth Meeting PA 19462
609 W. Germantown Pike, Suite 200
East Norriton, PA 19403
Phone: 610-828-0400
Fax: 610-828-3869 (PM)
Fax: 484-679-1811 (EN)

Pathology Authorization

I, _____authorize Dermatology Associates of Plymouth Meeting, PC. To send my specimen/specimens for diagnostic testing.

Our office uses the following laboratories:
University of Penn Dermatopathology
Institute for Dermatopathology
LabCorp/Quest
Miraca Lab Services
Jefferson University
Dr. Jih (in-house dermatologist)
Einstein Laboratory

In the event you have a procedure performed in our office, **we will make every attempt to use the laboratory designated by your employer/your insurance company. We, however, cannot determine what your financial responsibility will be**. If your insurance policy does not cover the testing, you will be responsible for any and all coinsurance, deductible, or co-pay. If your insurance requires a referral, please note that your insurance company will also use a visit for this service.

_____ _____
Signature Date Signed

_____
Parent/Guardian Signature

09/21/2016