ASSOCIATES IN WOMEN'S CARE, P.C.
3207 N. ACADEMY BLVD, SUITE 306
COLORADO SPRINGS, CO 80917
(719) 591-6666

Dear Patient:

Your appointment today may require a specimen such as a pap smear, biopsy tissue samples, genital cultures, or urine.

It will be sent to an outside lab contracted through your insurance company. There will be outside fees associated with these procedures. Lab fees will be billed to your respective insurance plan. ***You may receive a bill for these lab services.***

I have read and understand the above information regarding lab services.

_____ _____

Signature Date