

## LABORATORY LETTERHEAD

### INDIGENT PATIENT AGREEMENT

This acknowledgment confirms that I have treated the indigent patient named\_\_\_\_\_. I understand that Indigent patient@ means any un-insured patient who is unable to pay the full cost of laboratory services without financial hardship.

I have discounted my bill to the indigent patient referred to in this acknowledgment form at the following rate \_\_\_\_\_%. I request that the laboratory discount billing for laboratory services for this indigent patient at an equivalent rate.

I hereby confirm that I will not pursue further collection on my bill for this indigent patient. I further agree to make available to the laboratory for inspection, upon request, my billing records regarding indigent patients tested by the laboratory.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Physician=s Signature

\_\_\_\_\_  
Date