



DIAGNOSTIC TESTING

GOVERNMENT COMPLIANCE

As part of your evaluation and treatment, the provider on duty may determine that laboratory, diagnostic, and radiographic tests are needed. Sinai Urgent Care offers these services on-site as a convenience to our patients. If you prefer these services from another location, then it is your responsibility to request a list of nearby locations from the staff. Sinai Urgent Care does not accept payment for laboratory, radiographic, or other ancillary services from Medicare, secondary Medicare plans, or Medicaid. If you have Medicare or Medicaid as my primary or secondary insurance, then it is your responsibility to inform the staff.

OUTSIDE LAB TESTING

As a part of your visit today, we may obtain lab samples, which will be sent to an outside lab for additional testing not available at Sinai Urgent Care. Unless we have informed you otherwise, please allow up to 5 business days for final test results. Upon receiving these results, we will attempt to contact you at the number you provided at registration. By signing this document, you authorize Sinai Urgent Care to leave a detailed message on your answering machine or voicemail using the number provided at registration.

POSITIVE LAB RESULTS

Sinai Urgent Care will only contact you if the culture results (urine, throat swab, etc.), from an outside lab are "positive," defined as results which require a change in the treatment plan (i.e. switching antibiotics). If you wish to be contacted for non-positive culture results, please inform your provider at the time of the visit.

CONSENT TO LABS PRIOR TO BEING SEEN BY PROVIDER

To expedite your care, our medical staff may order in-clinic lab tests (strep/flu swab, urinalysis, etc.) based on your symptoms before the provider has evaluated you. If you do not wish to have testing done prior to being seen by the provider, please inform our medical staff of your preferences when such testing is offered.

I have read and understand the above policies:

**Signature of Patient or
Parent/Guardian:** _____

Date: _____