Mercy Clinical Laboratory
Mercy Medical Center-Des Moines
1111 6th Avenue
Des Moines, Iowa 50314-2611

Mercy Medical Center-West Lakes
1755 59th Place
West Des Moines, Iowa 50266-7737

Beneficiary Liability Form-Waiver of Non-Covered Services

*Not to be used for Medicare, Medicaid, or Tricare; as separate form available

Patient Name: _____

Date of Birth: _____

Date of Service: _____

Physician/Provider: _____

Clinic Name: _____

Test	Estimated Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My healthcare provider and/staff has explained to me that the service provided for my condition may be considered not medically necessary, experimental or investigational by my health insurance policy or coverage therefore; may not be covered by my health insurance contract benefits.

I agree to be financially responsible for these services.

Signature: _____

Date: _____ Relationship to Patient: _____

Staff signature (witness): _____

Original-attach to paperwork/lab requisition *Copy-provide to patient*