

465 NORTH BELAIR ROAD, SUITE 2E EVANS, GA 30809 P 706.855.5510 F 706.855.7254 WWW.EVANSGYNECOLOGY.COM

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Dear	Pati	enter

Our office utilizes LABCORP to process all of our specimens including your pap smear. LABCORP is an IN NETWORK provider with most all insurance plans that we accept. The insurance plans that is OUT OF NETWORK are Coventry and Kaiser. If your insurance prefers that you use another lab, it is your responsibility to inform us. Please specify which lab your insurance prefers if they are not in network with LABCORP.

Labcorp	Quest	University		
Please specify v	where your insu	ırance prefers you get	t your mammograms:	
Evans Imaging	g Doctor's	Hospital Breast	Health Imaging (UH)	
University Mo	obile Other	r		
that charges wil	Il be submitted and that I am res	to my insurance by th	e not part of my regular office visine facility I have chosen. facility I have chosen for any and all of	
	•	responsibility to inform any of the services liste	n this office should my preferences or ed above.	
Patient/Guarai	ntor Signature		Dat	e