

Pineland Associates

1608 Highway 88 Suite 208

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Stool Guaiac

The following procedure **may not** be a covered benefit by your insurance

Stool Guaiac (Test for blood in stool) Charge = \$20.00

Please indicate by circling **YES** or **NO**, whether or not you are interested in having the Stool Guaiac. We will submit these charges to your insurance company, **and in case of denial**, you will receive a bill from our office for the price quoted above.

YES - I authorize my physician to do the Stool Guaiac.

NO – I choose not to have the Stool Guaiac done.

Name (Please Print) _____

Signature _____ **Date:** _____

PLEASE NOTE: The physician can only do a **rectal exam** as part of your annual exam. The doctor will perform this test on the glove after this exam. **You do not need to provide a specimen to have this test done.** This test is run here in the office, there is no specimen sent to a laboratory.

Oxford Insurance does not cover this test.
Payment requested prior to testing.