

Centennial Ob/Gyn

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Pathology and Laboratory Fees

Name: _____ MRN: _____ Date: _____

Due to the nature of our practice, sometimes it is imperative to collect samples during your visit.

This might be a Pap smear, a vaginal culture, or a biopsy, among others. These samples are sent to the lab, and there is a fee associated with these services. The coverage for these services depends on the health insurance company that you have. **If you are a cash pay patient you will receive a bill from the laboratory for these services.** Any payments collected in the office are for medical services only, and are independent from these fees.

Signature: _____ Date: _____ Time: _____ AM/PM