

UConn HEALTH

Dermatopathology Laboratory
263 Farmington Avenue, Farmington, CT 06030-6230

I hereby authorize and direct my healthcare plan to pay UConn Health. I further agree to accept full financial responsibility for payment of charges rendered to me.

I authorize the release of any medical information pertaining to the examination of the specimen(s) to: (1) the referring physician or (2) necessary to process the claim.

Signature of Patient or Legal Representative

Date

Redisclosure of this information is prohibited except with the specific written consent of the person to whom it pertains.

**** ADDITIONAL BIOPSY INFORMATION:**