

I _____ understand that anything that is surgically removed/excised whether in the office or the outpatient operating room will be sent to Pathology for confirmation of diagnosis. I also understand that there are separate charges for the Pathology Department's processing as well as the interpretation of each individual specimen by a Pathologist of Northwestern Memorial Hospital. All specimens will be processed and my insurance will be billed accordingly by Northwestern Memorial Hospital. Any statement generated by Northwestern Memorial Hospital and/or from Northwestern Medical Faculty Foundation regarding my account should be communicated to those facilities directly.

Northwestern Associates in Aesthetic Plastic Surgery is not responsible for any outstanding balances that I may accrue for any pathology related charges.

Signature: _____ Date: _____
Witness: _____ Date: _____