



Notice of Non-Affiliation and Disclaimer - Off-site Ancillary Facilities

Lomibao Rheumatology & Wellness Care, PLLC is an independent company. We are not affiliated, associated, authorized, endorsed by, maintained, sponsored in any way, or officially connected with any off-site ancillary facilities including but not limited to laboratory, phlebotomy, radiology, hospitals, referrals to all other providers of any service, any other company, agency or government agency, non-profit, private, or for-profit organization or any of their subsidiaries or their affiliates. All product and company names are the registered trademarks of their respective original owners. The use of any trade name or trademark is for identification and reference purposes only and does not imply any affiliation, association with the trademark holder of their product brand.

You are free to choose your own off-site ancillary facility to obtain testing for your condition. For your convenience, we will provide you with a requisition for the common off-site ancillary facilities that our patients frequently choose. If your condition warrants, you may be recommended to obtain testing from a specialty laboratory, but you are not required to do so.

Lomibao Rheumatology & Wellness Care, PLLC is **NOT THE RENDERING PROVIDER OF ANY ANCILLARY SERVICE**, as such Lomibao Rheumatology & Wellness Care, PLLC has **NO AUTHORITY TO VERIFY IF THE OFF-SITE ANCILLARY FACILITY IS IN-NETWORK OR OUT-OF-NETWORK WITH YOUR INSURANCE COMPANY OR HOW MUCH YOU WILL HAVE TO PAY.**

We strongly advise that you contact your insurance company to verify your available coverage or lack of coverage for all off-site ancillary facilities. We strongly advise you to contact the off-site ancillary facility to find out what you will owe so that you may cross reference that with your insurance company. If you require your ancillary service requisition to be sent to another facility due to any reason, we will provide you with a new requisition upon request.

By signing below, I hereby acknowledge that I have received, read, and understand this Notice of Non-Affiliation and Disclaimer - Off-site Ancillary Facilities. **I understand that I am responsible for directing all of my questions, concerns, and complaints including but not limited to insurance coverage or lack of coverage, billing outcomes, quality of service, to the respective off-site ancillary facility.**

Signature

Date

Printed Name