



1202 E. Butler Road Greenville, SC 29607
P.O. Box 27129 Greenville, SC 29616-2129
Telephone 864-627-3800 Fax 864-672-2654

I understand that the physician at Allergic Disease and Asthma Center, P.A. may order lab work from an outside laboratory. I am responsible for providing the office with the correct information regarding which lab is covered by insurance. This information can be obtained by calling the customer service number listed on your insurance card.

I understand that I am responsible for paying any bills incurred at an outside lab.

_____ Date _____ Signed

_____ Printed Name and Address

_____ ID# _____
Insurance Company Name

MEMORIAL MEDICAL
7 Memorial Medical Dr.
Greenville, SC 29605-4407
Telephone 864-295-2492
Fax 864-295-2494

C. Allen Bruce, M.D.
Emmanuel U. Sarmiento, M.D.
Neil L. Kao, M.D.
Candace A. Cothran, P.A.-C
Nicole M. Foxworth, P.A.-C

SPARTANBURG OFFICE
3020 Reidville Rd.
Spartanburg, SC 29301-5641
Telephone 864-699-4870
Fax 864-699-4874