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X Z	reimbursement. I further authorize my health plan/insurance carrier to that I may be responsible for portions of this test not covered by my ins	an/insurance carrier to directly pay Quest for the services re		treatment of the patient. Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics. Copyright © 2019 Quest Diagnostics I					Copyright © 2018 Quest Diagnostics	
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