



# PATHOLOGY REFERENCE LABORATORY

9600 DATAPOINT DR. • SAN ANTONIO, TX 78229  
TELE (210) 892-3700 • TOLL FREE (866) 231-8058 • FAX (210) 617-4692

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**BILL TO:**

- PATIENT (Self Pay)
- INSURANCE
- ACCOUNT or PHYSICIAN

**ACCOUNT NAME AND ADDRESS**

PATIENT LAST NAME		FIRST		M.I.	
RELATIONSHIP TO INSURED: <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> DEPENDENT					
PHONE ( )	PATIENT SS #	PATIENT ID/MR #	DATE OF BIRTH / /	SEX OF OM	
GUARANTOR / RESPONSIBLE PARTY (if different from above)			PHONE NUMBER ( )		
PATIENT (RESPONSIBLE PARTY) ADDRESS					APT. NO.
CITY			STATE	ZIP	
INSURED NAME			INSURED DATE OF BIRTH		
INSURANCE COMPANY NAME					
INSURANCE COMPANY ADDRESS					
CITY			STATE	ZIP	
INSURANCE COMPANY PHONE ( )		INSURANCE/GROUP #		MEMBER/SUBSCRIBER ID #	
MEDICARE #	DESIGNATION <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY		MEDICAID #	STATE	

**CLINICAL HISTORY:**

LAST MENST. PERIOD: \_\_\_\_\_ DATE OF LAST PAP: \_\_\_\_\_ HPV VACCINATED:  YES  NO

PREVIOUS RESULTS:  NORMAL  REACTIVE  AGUS  ASCS  LGSIL  HSIL

POST PARTUM  TOTAL HYSTERECTOMY  SUPRACERVICAL HYSTERECTOMY  CONTRACEPTIVE (SPECIFY)

IUD  POSTMENOPAUSAL  PREV RADIATION OR CHEMO \_\_\_\_\_

DES EXPOSURE  PREGNANT \_\_\_\_\_ WKS  HORMONE THERAPY: (SPECIFY) \_\_\_\_\_

ICD Code Required: \_\_\_\_\_

**CYTOPATHOLOGY**

PLEASE HAVE MEDICARE PATIENTS REVIEW AND SIGN THE SEPARATE  
ADVANCED BENEFICIARY (ABN) FORM FOR NON-COVERED SERVICE

**SPECIMEN TYPE:**  ThinPrep  Aptima Swab  Aptima Urine

**SPECIMEN SOURCE:**  Cervix  Vagina  Urine

- |   |  |
|---|--|
| <input type="checkbox"/> PAP, Age Based HPV Screening<br><input type="checkbox"/> PAP, Age Based HPV Screening, CT/NG (21-26)<br><input type="checkbox"/> PAP Test<br><input type="checkbox"/> HPV ONLY (No PAP Test) | <input type="checkbox"/> HR HPV Regardless<br><input type="checkbox"/> HR HPV Reflex if ASCUS if ASCUS/LSIL<br><input type="checkbox"/> HPV Reflex Genotype (16,18,45) Regardless of PAP<br><input type="checkbox"/> HPV Reflex Genotype (16,18,45) If HPV Pos/PAP Neg |
|---|--|

**MOLECULAR TESTING**

- VAGINITIS PANEL**  
(candida albicans, glabrata, tropicalis, parapsilosis, gardnerella, trichomonas)
  - LEUKORRHEA PANEL**  
(candida albicans, glabrata, tropicalis, parapsilosis, gardnerella, trichomonas, chlamydia, gonorrhea)
  - INFERTILITY PANEL**  
(chlamydia, gonorrhea, gardnerella, trichomonas)
  - STI PANEL + MGEN**  
(chlamydia, gonorrhea, trichomonas)
  - STI PANEL**  
(chlamydia, gonorrhea, trichomonas)
- |  |  |
|--|--|
| <input type="checkbox"/> Chlamydia & Gonorrhea | <input type="checkbox"/> Chlamydia Only        |
| <input type="checkbox"/> Gonorrhea Only        | <input type="checkbox"/> Trichomonas Only      |
| <input type="checkbox"/> Herpes Simplex 1 & 2  | <input type="checkbox"/> Candida Species       |
| <input type="checkbox"/> Group B Strep (Swab)  | <input type="checkbox"/> Bacterial Vaginosis   |
| <input type="checkbox"/> Sensitivity if Pos    | <input type="checkbox"/> Mycoplasma Genitalium |

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PT: \_\_\_\_\_

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**SURGICAL PATHOLOGY**

SEND DUPLICATE REPORT TO:	TISSUE SUBMITTED	ICD CODE
CLINICAL HISTORY/COMMENTS:	1	1
	2	2
	3	3
	4	4

PT: \_\_\_\_\_

Patient name: \_\_\_\_\_  
Identification number: (optional) \_\_\_\_\_

Pathology Reference Laboratory, LLC  
9600 Datapoint Dr., San Antonio, TX 78229  
(210) 892-3700 / (866) 231-8058

## Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

<b>Item, test, service or care</b>	<input type="checkbox"/> Pap Screen: G1023/G1024/88175 <input type="checkbox"/> HPV: 87624, G0476	<input type="checkbox"/> CT (Chlamydia): 87491 <input type="checkbox"/> NG (Neisseria Gonorrhoeae): 87591 <input type="checkbox"/> Trichomonas: 87661
<b>Reason Medicare may not pay</b>	Medicare does not pay for these tests as often as ordered for you.	Medicare does not pay for these tests for your condition (e.g., Screening).
<b>Estimated cost</b>	\$96.00 – Pap \$70.00 – HPV	\$78.00 ea. – CT/NG \$70.00 - Trich

### What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

#### Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

- Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.
- Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.
- Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information: \_\_\_\_\_

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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Form CMS-R-131 (Exp. 03/31/2029)

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