PATHOLOGY
REFERENCE LABORATORY

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

_____ /_____/_____

BILL TO:
☐ PATIENT (Self Pay)
☐ INSURANCE
☐ ACCOUNT or PHYSICIAN

ACCOUNT NAME AND ADDRESS

PATIENT LAST NAME | FIRST | M.I.

RELATIONSHIP TO INSURED: ❍ SELF ❍ SPOUSE ❍ DEPENDENT

PHONE	PATIENT SS #	PATIENT ID/MR #	DATE OF BIRTH	SEX
( )			/ /	❍F ❍M

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	MEDICAID #	STATE
	❍ PRIMARY ❍ SECONDARY		

PHYSICIAN ACKNOWLEDGEMENT (Required)
Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.

Physician's Signature **Date Ordered**

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**

- ☐ PAP, Age Based HPV Screening
- ☐ PAP, Age Based HPV Screening, CT/NG (21-26)
- ☐ PAP Test
- ☐ HPV ONLY (No PAP Test)
- ☐ HR HPV Regardless
- ☐ HR HPV Reflex if ASCUS if ASCUS/LSIL
- ☐ HPV Reflex Genotype (16,18,45) Regardless of PAP
- ☐ 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)

- ☐ Chlamydia & Gonorrhea ☐ Chlamydia Only
- ☐ Gonorrhea Only ☐ Trichomonas Only
- ☐ Herpes Simplex 1 & 2 ☐ Candida Species
- ☐ Group B Strep (Swab) ☐ Bacterial Vaginosis
- ☐ Sensitivity if Pos ☐ Mycoplasma Genitalium

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SURGICAL PATHOLOGY

SEND DUPLICATE REPORT TO:

CLINICAL HISTORY/COMMENTS:

	TISSUE SUBMITTED	ICD CODE
1		1
2		2
3		3
4		4

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.

Item, test, service or care	□ Pap Screen: G1023/G1024/88175 □ HPV: 87624, G0476	□ CT (Chlamydia): 87491 □ NG (Neisseria Gonorrhoeae): 87591 □ Trichomonas: 87661
Reason Medicare may not pay	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).
Estimated cost	$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.