

LAB USE ONLY:

Important Note: The Clinical Laboratory Improvement Act of 1988 requires physicians to provide laboratories with diagnostic information relevant to cervical cytology. This includes menstrual status, previous abnormal cervical cytology results, previous treatment, biopsy or surgical history and other information that relates to risk for neoplasia. The information is not only clinically necessary, but also is required for the laboratory to accurately bill for services. When Path Logic receives a requisition that lacks no pertinent diagnostic information, we will use "Low Risk Screening - V72.31" for interpretation, billing and reporting purposes. Because accurate clinical information is so crucial, please make every effort to select all applicable diagnosis codes.

CYTOTECH DX

ICD DIAGNOSIS CODE(S) for diagnosis, symptom, or complaint (MUST BE PROVIDED)

check if a biopsy was submitted on a separate requisition

Additional Information: _____

PrevBx _____ / _____ / _____

Case # & Result _____ / _____

PrevPap _____ / _____

LMP _____ / _____

ASCUS WNL LSIL HSIL OTHER

- CLINICAL INFORMATION - CHECK ALL THAT APPLY**
- Routine Screen
 - High Risk Screen
 - Pregnant _____ wks
 - Postpartum _____ wks
 - Oral contraceptives
 - Hormone therapy
 - Postmenopausal
 - Hysterectomy, total
 - Hysterectomy, w/intact cervix
 - Pelvic radiation
 - DES Exposure
 - Repeat / Followup
 - IUD
 - Cryo/Laser/LEEP/Cone
 - No Pap test within 7 yrs
 - Hx of SIL or higher Pap/Bx
 - ASCUS/AGUS Pap/Bx w/in 2 yrs
 - Postmenopausal bleeding
 - Postcoital bleeding
 - Abnormal Gyn exam
 - HPV infection: Hx/Rx
 - Gyn malignancy: Hx/Rx
 - Other high risk factor, specify below _____
 - Other _____

MUST CHECK FOR ADDITIONAL TESTING

Thin Prep® Pap Test™

Submission of a Thin Prep® Pap Test™ request for a Thin Prep® Pap Test™

Conventional Pap Smear

Submission of a slide indicates a request for a pap smear

with HPV

with HPV if ASCUS

with HPV if Abnormal

Chlamydia and Gonorrhea

HSV Type 1 & 2 Detection

Other _____

SOURCE - REQUIRED

Cervix / Endocervix Cervix Vaginal

CYTOLOGY

Additional Comments _____

Specimen Site: A: _____ B: _____ C: _____ D: _____

SpirabrushCX®

TISSUE / SURGICAL SPECIMEN SITE

BILL TO: INSURANCE PHYSICIAN/FACILITY PATIENT MEDICAL

RESPONSIBLE PARTY NAME (Last, First, MI) (or OverThru Patient)		CITY, STATE, ZIP	
PRIMARY INSURANCE		PATIENT ADDRESS	
ADDRESS	INSURANCE ID#	EMPLOYER	
SECONDARY INSURANCE	ADDRESS	INSURANCE ID#	
ADDRESS	INSURANCE ID#	CITY, STATE, ZIP	
PATIENT PHONE NO	AGE	PATIENT LAST NAME	
MR #	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	FIRST NAME	
ADDITIONAL COPY OF RESULTS TO		ACCESSION NUMBER	

DATE COLLECTED

NOTE: WHEN ORDERING TESTS FOR WHICH FEDERALLY FUNDED REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT, RATHER THAN FOR SCREENING PURPOSES.

REQUESTED BY _____

ADVANCE BENEFICIARY NOTICE (ABN)**NOTE: You need to make a choice about receiving these laboratory tests.**

We expect that Medicare will not pay for the laboratory test(s) that are described below.

Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when certain Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. **In your case, Medicare most likely will not pay for the laboratory test(s) indicated below for the following reasons:**

Medicare does not pay for these Tests for your condition	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests
<input type="checkbox"/> _____	<input type="checkbox"/> Pap Smear <input type="checkbox"/> ThinPrep Pap Test	<input type="checkbox"/> Non - FDA approved Test Name: _____

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests by notifying you that you may have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully.

Ask us for an additional explanation if you do not understand why Medicare may not pay.

Ask us how much these laboratory tests will cost you.

Estimated Cost: *(figures provided are an estimate only)*

Thin Prep® 88175 - \$73.81

Conventional Pap 88164 - \$24.65

Path Screening / Atypical 88141 - \$46.85

HPV testing 87621 - \$81.90

These prices may apply if you must pay for these tests yourself or through another insurance carrier.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN AND DATE YOUR CHOICE.

Option 1. YES. I want to receive these laboratory tests.

I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for the laboratory tests and that I may have to pay the bill while Medicare is making its decision.

If Medicare does pay, you will refund to me any payments I made to you that are due to me.

If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have.

I understand that I can appeal Medicare's decision.

Option 2. NO. I have decided not to receive these laboratory tests.

I will not receive these laboratory tests. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare will not pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.

Date

Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare receives will be kept confidential by Medicare.