



TISSUE PATHOLOGY REQUISITION

6116 East Warren Avenue
Denver, CO 80222
303.512.0888
1.866.UniPath (864.7284)
303.512.2246 Fax
1.877.268.0407 Billing
<http://www.unipathdx.com>

FOR LAB PURPOSES ONLY	
CYTO Accession #	_____
TISSUE Accession #	_____
DATE/TIME rec'd.	_____
UniPath CLIA#	06D0512826
UniPath CAP#	2178701

STAT

ROUTINE

ICD-9 REQUIRED: _____

Name of Referring Physician: _____

Patient Last Name: _____ First: _____ MI: _____ SEX: M F

Date of Birth: _____ SS# _____ Collection Date: _____

Patient Address: _____ Patient Phone #: _____

City: _____ State: _____ Zip: _____ Patient Work #: _____

If Patient is a Minor — Guardian's Name and DOB: _____

Uninsured Patient Bill Doctor Account Bill Insurance Policy Holder's Name _____

Policy Holder's ID #: _____ Group #: _____

Relation to Patient: self / spouse / guardian Policy Holder's Employer: _____

Insurance Company's Name: _____

Claim's Address: _____

COPY OF INSURANCE CARD (REQUIRED) FRONT AND BACK

Please attach a current patient face sheet.

CURRENT MEDICARE WAIVER ON BACK (See back of top page)

TISSUE SPECIMEN

SITE: PLEASE INDICATE SPECIMEN SITE AND CLINICAL IMPRESSION

A. _____ Impression: _____

B. _____ Impression: _____

C. _____ Impression: _____

D. _____ Impression: _____

E. _____ Impression: _____

F. _____ Impression: _____

G. _____ Impression: _____

H. _____ Impression: _____

I. _____ Impression: _____

PATIENT HISTORY:

ADDITIONAL INFORMATION:

ADDITIONAL REQUESTS: Special Stains Immunopathology Other

Instructions:



A. Notifier:

6116 E Warren Ave ● Denver, CO 80222 ● Phone: (303) 512-0888 ● Fax: (303) 512-2246

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the **D. laboratory test(s)** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. laboratory test(s)** below.

D. Laboratory Test(s)	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. laboratory test(s)** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D. laboratory test(s)** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D. laboratory test(s)** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the **D. laboratory test(s)** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.