CYTOLOGY (GYN) REQUISITION

YPMG

YOSEMITE PATHOLOGY MEDICAL GROUP, INC.
2625 Coffee Road, Suite S
Modesto, CA 95355
(209) 577-1200
In California 1-888-644-YPMG

Acession Number

(LAB USE ONLY)

Client Name and Address

NOTE: CA TITLE 17 (SEC. 1050) REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY AND SLIDE / VIAL LABELED APPROPRIATELY.

Date Collected	Patient Name (Last)	(First)	(M.I.)	Birth Date (Required)	Sex

Social Security No. (Required)	MRN#	Responsible Party Telephone	Requesting Physician

Street Address/Apt.#	City	State	Zip

COMPLETE BILLING INFORMATION MUST BE EITHER COMPLETED BELOW OR ATTACHED

Type of Billing
- ❑ Patient
- ❑ Insurance
- ❑ Medicare
- ❑ Medi-Cal

Responsible Party / Policy Holder		Responsible Party / Policy Holder Social Security No.	
Responsible Party Billing Address		City	State / Zip
Responsible Party Telephone No.	Relationship to Insured ❑ Self ❑ Spouse ❑ Other	Date of Birth Mo / Day / Yr	
Responsible Party Place of Employment	Employment Address		Business Telephone
PRIMARY POLICY		SECONDARY POLICY	

PLEASE ATTACH FRONT AND BACK COPY OF INSURANCE CARD.

TYPE OF PAP TEST (Please check one of the following – REQUIRED)

NON-MEDICARE PATIENT:
- ❑ Routine Screening
- ❑ High Risk Screening
- ❑ Diagnostic – ICD-9 Code ________

MEDICARE PATIENT:
- ❑ Routine Screening **V76.2**
- ❑ High Risk Screening **V15.89**
- ❑ Diagnostic – ICD-9 Code ________
- ❑ Non-Covered Services **V76.2** (Signed ABN Required)

Medicare will only pay for reasonable and necessary tests. Medicare will only pay for a screening Pap test every two (2) years. In the event the patient has more than one screening Pap in two (2) years, **the patient is required to sign an ABN, which is on the reverse side of requisition.**

A diagnostic Pap may be ordered once (1) every twelve (12) months if the Pap is associated with one of the risk factors. An appropriate ICD-9 code must be specified for a diagnostic Pap. Please indicate the risk factor and ICD-9 code.

PAP
CONVENTIONAL - Slide
- ❑ Pap Smear

LIQUID BASED - Thin Prep Vial
- ❑ Thin Prep Pap Test

Gynecologic Source: REQUIRED
- ❑ Vaginal
- ❑ Cervical
- ❑ Endocervical
- ❑ Cuff

HPV - High Risk Assay
- ❑ Reflex from Abnormal Pap
- ❑ HPV Only
- ❑ DNA with Pap™*

** Adjunctive High Risk HPV for women over 30*
HPV assay can be performed on Thin Prep Vial or Cervical Samplers

CLINICAL HISTORY: THIS INFORMATION IS ESSENTIAL FOR ACCURATE INTERPRETATION

AGE __________ LMP _______________ CLINICAL DIAGNOSIS ____________________________________ **ICD-9 CODE** ______________________________

- ☐ PREGNANT ☐ POSTPARTUM
- ☐ POSTMENOPAUSAL
- ☐ HORMONE RX
- ☐ ORAL CONTRACEPTIVES
- ☐ INTRAUTERINE DEVICE

HYSTERECTOMY
- ☐ total ☐ subtotal
- ☐ CHEMOTHERAPY
- ☐ RADIATION RX
- ☐ DES EXPOSURE

- ☐ CRYOSURGERY
- ☐ CERVICAL BIOPSY
- ☐ ABNORMAL COLOSCOPY
- ☐ CLINICAL HIGH RISK
- ☐ ABNORMAL BLEEDING

- ☐ POST ABORTION
- ☐ HX OF MALIGNANCY
- ☐ HX OF GYN CANCER
- ☐ HX OF GYN SURG

PREVIOUS SMEARS
DATE ______________________________
INTERPRETATION ______________________
WHERE _____________________________
PREVIOUS LAST NAME __________________
(if changed in last 5 years)

FOR LAB USE ONLY: TECH
ADEQUACY: ______________________
GEN CATEGORY: ______________________
INTERPRETATION: ______________________

COMMENT: ______________________________

FOR LAB USE ONLY: PATH
ADEQUACY: ______________________
GEN CATEGORY: ______________________
INTERPRETATION: ______________________

COMMENT: ______________________________

WILLEY PRINTING COMPANY, MODESTO, CA 446646-08

YOSEMITE PATHOLOGY MEDICAL GROUP, INC.
209 577-1200

Patient Name: **Identification Number:**

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Pap Smear and/or HPV 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 Pap Smear and/or HPV listed below.

Laboratory Test(s)	**Reason Medicare May Not Pay:**	**Estimated Cost:**
Pap Smear Test	Medicare will pay a routine screening Pap Smear test once every two (2) years	Conventional Pap $ 36.00 Thin Prep Pap $ 60.00
Human Papilloma Virus (HPV)	Diagnostic test(s) done for screening purposes are not a Medicare Benefit	HPV $130.00

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 Pap Smear Test and/or HPV 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.

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

❑ **OPTION 1.** I want the __________ 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 __________ 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 ____________listed above. I understand with this choice I am **not** responsible for payment, **and I cannot appeal to see if Medicare would pay.**

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.

Signature:	**Date:**

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.

Form CMS-R-131 (03/08) Form Approved OMB No. 0938-0566

Main Lab
2625 Coffee Rd, Suite S
Modesto, CA 95355
(209) 577-1200

Billing Office
2625 Coffee Rd, Suite R
Modesto, CA 95355
(209) 577-1200

Sonora Office
27 South Shepherd St
Sonora, CA 95370
(209) 532-8153