



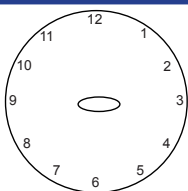
PRECISION PATHOLOGY®
GYNEQ Gynecologic Pathology
 6001 Norris Canyon Road, San Ramon, CA 94583
 855.577.PPMG (7764) fax 925.526.4674
 www.precisionyp.com



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 - TWO (2) IDENTIFIERS.

Date Collected:		Patient Name:		Birth Date:	Sex:
Street Address/Apt #:			City:	State:	Zip:
Responsible Party Phone #:		Social Security No.:	MRN #:	Physician Performing Procedure:	
Type of Billing: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Client					Copy To Physician(s):
(Signed ABN Required for Medicare Patients. Please see reverse side for ABN)					
Reason For Visit: <input type="checkbox"/> Routine Visit <input type="checkbox"/> High Risk Screening <input type="checkbox"/> Non-Covered Services <input type="checkbox"/> Diagnostic Code(s):					

GYNECOLOGIC CYTOLOGY GUIDELINES	INDIVIDUAL/ADDITIONAL GYNECOLOGIC CYTOLOGY TEST OPTIONS
<p style="text-align: center;">ACOG</p> <p><input type="checkbox"/> WOMEN 21-24: Pap and CT/GC. Reflex to HPV if pap result is ASCUS. Reflex to 16, 18/45 if HPV is positive.</p> <p><input type="checkbox"/> WOMEN 25-29: Pap with reflex to HPV if pap result is ASCUS. Reflex to 16, 18/45 if HPV is positive.</p> <p><input type="checkbox"/> WOMEN 30-65: Pap and HPV. Reflex to 16, 18/45 if HPV is positive.</p> <p style="text-align: center;">MEDI-CAL</p> <p><input type="checkbox"/> MEDI-CAL PAP (Please refer to current Medi-cal guidelines)</p>	<p><input type="checkbox"/> PAP Only</p> <p><input type="checkbox"/> PAP with HPV. Reflex to 16, 18/45 if HPV is Positive.</p> <p><input type="checkbox"/> PAP with Reflex to HPV on all abnormal results. Reflex to 16, 18/45 if HPV is Positive.</p> <p><input type="checkbox"/> HPV Only</p> <p><input type="checkbox"/> HPV Only with Reflex to 16, 18/45 from Positive HPV</p> <p><input type="checkbox"/> HPV 16, 18/45 Only</p> <p><input type="checkbox"/> Aptima CT/GC RNA Test</p> <p><input type="checkbox"/> Aptima Trichomonas RNA Test</p> <p><input type="checkbox"/> Microbial Identification (Includes: Gardnerella vaginalis, Trichomonas vaginalis, Candida species)</p> <p><input type="checkbox"/> Other:</p>

TISSUE SPECIMENS		
<p>BIOPSY - Indicate Source:</p> <p><input type="checkbox"/> Vagina <input type="checkbox"/> Vulva <input type="checkbox"/> Cervix</p> <p><input type="checkbox"/> Endocervix <input type="checkbox"/> Endometrium <input type="checkbox"/> LEEP</p> <p><input type="checkbox"/> Curettage <input type="checkbox"/> Curettage</p> <p><input type="checkbox"/> Other:</p>	<p>Cervical Biopsy</p> <p>Circle Site:</p> 	<p>Clinical Information:</p>

CLINICAL INFORMATION			
REQUIRED Pap Source:			
<input type="checkbox"/> Vaginal	<input type="checkbox"/> Vaginal/Cervical	<input type="checkbox"/> Cervical/Endocervical	<input type="checkbox"/> Cuff

Clinical History (This information is essential for accurate interpretation)			
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Cryosurgery
<input type="checkbox"/> Postmenopausal	<input type="checkbox"/> Total <input type="checkbox"/> Subtotal	<input type="checkbox"/> Hx Of Malignancy	<input type="checkbox"/> Hx Of Radiation / Chemotherapy
<input type="checkbox"/> Hormone Rx	<input type="checkbox"/> Abnormal Bleeding	<input type="checkbox"/> Other:	
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Abnormal Colposcopy		
<input type="checkbox"/> Intrauterine Device	<input type="checkbox"/> Cervical Biopsy		
			Clinical Diagnosis _____
			Diagnostic Code _____
			Age: _____ LMP: _____
			Previous Pap Date: _____
			Previous Pap Result: _____

COLLECTION DEVICE:	FOR LAB USE ONLY
<input type="checkbox"/> Conventional <input type="checkbox"/> ThinPrep <input type="checkbox"/> SurePath <input type="checkbox"/> BD Affirm <input type="checkbox"/> Vaginal Swab <input type="checkbox"/> Urine <input type="checkbox"/> Other:	PPGQ1234567
	Tech: _____ Date: _____

CYTOTECH INTERPRETATION	QA/ ABNORMAL REVIEW
ADEQUACY: _____ Comments: _____	ADEQUACY: _____ Comments: _____
GEN CATEGORY: _____	GEN CATEGORY: _____
INTERPRETATION: _____	INTERPRETATION: _____
	Agree with Diagnosis
	Disagree, Category A
	Disagree, Category B
Reviewer: _____ Date: _____	Reviewer: _____ Date: _____

Pt. Name: _____	Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
Source: _____	Source: _____	Source: _____	Source: _____
PPGQ1234567	PPGQ1234567	PPGQ1234567	PPGQ1234567

PRECISION PATHOLOGY MEDICAL GROUP, INC
6001 Norris Canyon Road, San Ramon, CA 94583
855.577.7764

Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Pap Smear and/or HPV, CT, GC, HPV 16, 18/45, Trich, Microbial Identification-G. vaginalis, T. vaginalis, Candida species 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, CT, GC, HPV 16, 18/45, Trich, Microbial Identification-G. vaginalis, T. vaginalis, Candida species 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 Liquid Based Pap \$ 60.00
Human Papilloma Virus (HPV) HPV 16, 18/45 Chlamydia - (CT) Gonorrhoea - (GC) Trichomonas - (Trich) Microbial Identification <small>(Microbial Identification includes: Gardnerella vaginalis, Trichomonas vaginalis, and Candida species)</small>	Diagnostic test(s) done for screening purposes are not a Medicare Benefit	HPV \$ 130.00 HPV 16, 18/45 \$ 260.00 CT \$ 130.00 GC \$ 130.00 Trich \$ 75.00 Microbial Identification \$ 225.00 <small>(Microbial Identification includes: Gardnerella vaginalis, Trichomonas vaginalis, and Candida species)</small>

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, CT, GC, HPV 16, 18/45, Trich, Microbial Identification-G. vaginalis, T. vaginalis, Candida Species 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 deductible.
- 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: _____
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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.