



GYNEQ Gynecologic Pathology

4301 Northstar Way, Modesto, CA 95356
888.644.YPMG (9764)
www.ypmg.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>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>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"/> Chlamydia and Gonorrhea Test</p> <p><input type="checkbox"/> Trichomonas Test</p> <p><input type="checkbox"/> Bacterial Vaginosis Panel (BV)</p> <p><input type="checkbox"/> Candida Vaginitis Panel (CV)</p> <p><input type="checkbox"/> Microbial Identification Panel (Includes: Gardnerella vaginalis, Trichomonas vaginalis, Candida species)</p> <p><input type="checkbox"/> Other:</p>
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CLINICAL INFORMATION

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

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>
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COLLECTION DEVICE:

Conventional ThinPrep SurePath Other:

BD Affirm Multitest Swab Urine

FOR LAB USE ONLY

Rec' Tech: _____ Comments:

Prep Tech: _____

CYTOTECH INTERPRETATION

ADEQUACY: _____ Comments:

GEN CATEGORY: _____

INTERPRETATION: _____

Reviewer: _____ Date: _____

QA/ ABNORMAL REVIEW

ADEQUACY: _____ Comments:

GEN CATEGORY: _____

INTERPRETATION: _____

Agree with Diagnosis

Disagree, Category A

Disagree, Category B

Reviewer: _____ Date: _____

YOSEMITE PATHOLOGY MEDICAL GROUP, INC
4301 Northstar Way, Modesto, CA 95356
888.644.9764

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, BV, CV, 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, BV, CV 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 \$ 75.00
Human Papiloma Virus (HPV) HPV 16, 18/45 Chlamydia - (CT) Gonorrhea - (GC) Trichomonas - (Trich) Bacterial Vaginosis (BV) Candida Vaginitis (CV) Microbial Identification (Microbial Identification includes: Gardnerella vaginalis, Trichomonas vaginalis, and Candida species)	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 \$ 130.00 BV \$ 130.00 CV \$ 130.00 Microbial Identification \$ 225.00 (Microbial Identification (BD Affirm) includes: Gardnerella vaginalis, Trichomonas vaginalis, and Candida species)

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, BV, CV, 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.