

CLINICAL PATHOLOGY ASSOCIATES

1150 N. 18th St. Ste. 102 • Abilene, TX 79601 • 325-670-6500 • 1-800-478-9341

www.clinicalpathologyassociates.com

Patient Name: Last _____ First _____ MI _____

Patient Address: _____ City, State, Zip: _____

Patient SS#: _____ Date of Birth: _____ Sex: _____

Phone # _____ Alt. Phone # _____

Requesting Physician REQUIRED	Hospital / Clinic REQUIRED	Date Collected REQUIRED	Chart #
---	--------------------------------------	-----------------------------------	---------

PLEASE COMPLETE INFORMATION BELOW

BILLED TO

<input type="checkbox"/> AETNA	<input type="checkbox"/> CIGNA	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> PHYSICIAN/CLINIC	<input type="checkbox"/> UHC
<input type="checkbox"/> BC/BS	<input type="checkbox"/> FIRST CARE	<input type="checkbox"/> MEDICARE*	<input type="checkbox"/> PATIENT	<input type="checkbox"/> OTHER INS. _____

Medicare/Medicaid/Insurance Policy # _____ Group _____

Insured Name (Attach Card) Relationship: Self Spouse Dependent
REQUIRED

Insured Employer **REQUIRED**

Insurance Co. Name & Address **REQUIRED**

City, State, Zip **REQUIRED**

GYN-CYTOLOGY

SOURCE CHECK (✓)

Cervical/Endocervical Vaginal Cuff Other _____

LMP ____ / ____ / ____
LAST MENSTRUAL PERIOD

TESTS

<p>GYN (PAP) CYTOLOGY (CHOOSE ONE)</p> <p><input type="checkbox"/> ThinPrep</p> <p><input type="checkbox"/> ThinPrep with Imaging</p> <p><input type="checkbox"/> Conventional 1 Slide Pap</p> <p>AGE BASED (PAP) TESTING (CHOOSE ONE)</p> <p><input type="checkbox"/> HPV if Pap is ASCUS (Ages 21-29)</p> <p><input type="checkbox"/> HPV if Pap is ASCUS, AGCUS, LGSIL, or HIGHER</p> <p><input type="checkbox"/> HPV Regardless (Ages 30-65)</p> <p>PAP ADD-ON TESTS</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p> <p><input type="checkbox"/> Trichomonas (TV)</p>	<p>APTIMA URETHRAL SWAB (WHITE) (MALE ONLY)</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p> <p><input type="checkbox"/> Mycoplasma genitalium (MG)</p> <p><input type="checkbox"/> Trichomonas (TV)</p> <p>APTIMA URINE COLLECTION (YELLOW) (FEMALE & MALE)</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p> <p><input type="checkbox"/> Mycoplasma genitalium (MG)</p> <p><input type="checkbox"/> Trichomonas (TV)</p> <p>APTIMA MULTITEST SWAB THROAT (ORANGE)</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p> <p>APTIMA MULTITEST SWAB RECTAL (ORANGE)</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p>	<p>APTIMA MULTITEST SWAB VAGINAL (ORANGE) (FEMALE ONLY)</p> <p><input type="checkbox"/> Chlamydia/Gonorrhea (CT/GC)</p> <p><input type="checkbox"/> Mycoplasma genitalium (MG)</p> <p><input type="checkbox"/> Trichomonas (TV)</p> <p><input type="checkbox"/> Bacterial Vaginosis (BV)</p> <p><input type="checkbox"/> Candida Vaginitis/Trichomonas (CV/TV)</p> <p>APTIMA MULTITEST SWAB ANOGENITAL LESION (ORANGE) (FEMALE/MALE)</p> <p><input type="checkbox"/> Herpes simplex virus 1 & 2 (HSV)</p>
--	---	---

HISTORY/CONDITIONS - CHECK (✓) ALL THAT APPLY

<p><input type="checkbox"/> Well woman exam</p> <p><input type="checkbox"/> Previous Abnormal PAP/Biopsy</p> <p><input type="checkbox"/> High Risk Sex</p> <p><input type="checkbox"/> Clinically apparent infection</p> <p><input type="checkbox"/> Abnormal bleeding</p> <p><input type="checkbox"/> Irregular menses</p> <p><input type="checkbox"/> Pregnancy ____wks</p> <p><input type="checkbox"/> Post Partum ____wks</p>	<p><input type="checkbox"/> BC pills/Depo</p> <p><input type="checkbox"/> Itching/Burning/Discharge</p> <p><input type="checkbox"/> Estrogen</p> <p><input type="checkbox"/> HPV vaccinated</p> <p><input type="checkbox"/> Hysterectomy</p> <p><input type="checkbox"/> Partial <input type="checkbox"/> Total</p> <p><input type="checkbox"/> IUD</p>	<p><input type="checkbox"/> Menopausal</p> <p><input type="checkbox"/> Painful Sex</p> <p><input type="checkbox"/> Prior ablative/excisional therapy</p> <p><input type="checkbox"/> Clinical Cervicitis</p> <p><input type="checkbox"/> CT/GC screening (sexually active, 24 yrs and younger, and older women with increased risk)</p> <p><input type="checkbox"/> Other _____</p>
---	---	---

NON-GYN-CYTOLOGY

<p><input type="checkbox"/> Abdominal Fluid</p> <p><input type="checkbox"/> Breast Aspiration</p> <p><input type="checkbox"/> Fine Needle Aspiration</p>	<p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Pleural fluid</p>	<p>NON-GYN SOURCE</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Left</p> <p><input type="checkbox"/> Lower <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Other source: _____</p>
--	---	---

Clinical Dx or Tx History:

*MEDICARE PATIENTS

PLEASE COMPLETE, SIGN, AND DATE THE MEDICARE ABN ON THE BACK OF THIS FORM

CLINICAL PATHOLOGY ASSOCIATES

1150 N. 18th St. Ste. 102 • Abilene, TX 79601 • 325-670-6500 • 1-800-478-9341

A. Notifier: CLINICAL PATHOLOGY ASSOCIATES

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, test, service or care	Reason Medicare may not pay	Estimated cost
Pap Test HPV Test Other special tests: <ul style="list-style-type: none">Chlamydia, Gonorrhea, TrichomonasHSV 1, HSV 2Candida Vaginitis with TrichomonasBacterial VaginosisMycoplasma Genitalium	<ul style="list-style-type: none">Frequency of testing could exceed Medicare limits.The test may not be covered for the patient's condition, and Medicare considers the test experimental. The clinician must provide the laboratory with a clinical history that indicates the need for the test.	\$35 up to \$75 (Pap Test) \$80 up to \$160 (HPV Test) \$80 up to \$120 per each Special Test

What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

- Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.
- Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.
- Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information: Clinical Pathology Associates (CPA) utilizes FDA approved tests. CPA does not encourage the use of these tests outside of their intended uses.

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature

Date (mm/dd/yyyy)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

PRA Disclosure Statement: 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. This information collection is for providers, suppliers, Hospice and Religious Non-medical HealthCare Institutes and Home Health Agencies to notify original Medicare beneficiaries of their potential financial liability under specific conditions. The time required to complete this information collection is estimated to average less than 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1879 of the Social Security Act, 42 CFR 411.404(b) and (c) and 411.408(d)(2) and (f). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.