# 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 SS#: ________________________ Phone # ________________________

Date of Birth:______________ Sex:_______ Date Collected:______________ Chart # ______________

| Requesting Physician | Hospital / Clinic | BILLED TO |
|---|---|---|
| REQUIRED | REQUIRED | ☐ AETNA ☐ BC/BS ☐ CIGNA ☐ FIRST CARE ☐ MEDICAID ☐ MEDICARE* ☐ PHYSICIAN/CLINIC ☐ PATIENT ☐ UHC ☐ OTHER INS. ________ |

## PLEASE COMPLETE INFORMATION BELOW

| | |
|---|---|
| Patient Address REQUIRED | City, State, Zip REQUIRED |
| 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 |

## NON-GYN-CYTOLOGY

- ❑ Abdominal Fluid
- ❑ Bladder Washings
- ❑ Breast Aspiration
- ❑ Breast Discharge
- ❑ Bronchial Brushing
- ❑ Bronchial Washing
- ❑ Esophageal Brushing
- ❑ Fine Needle Aspiration
- ❑ Misc. Fluid ❑ Synovial ❑ CSF
- ❑ Misc. Smear
- ❑ Pericardial Fluid
- ❑ Pleural Fluid
- ❑ Sputum
- ❑ Tzanck Smear (Herpes)
- ❑ Urine ❑ Voided ❑ Cath

## NON-GYN SOURCE:

❑ Upper ❑ Left
❑ Lower ❑ Right

______________________
______________________
______________________

## GYN-CYTOLOGY

**SOURCE CHECK (✓)**

❑ Cervical/Endocervical ❑ Vaginal Cuff ❑ Other____________

**LMP** _____ /____ /_____
LAST MENSTRUAL PERIOD

## TESTS

**GYN Cytology**
- ❑ ThinPrep
- ❑ ThinPrep with Imaging
- ❑ Conventional 1 Slide Pap

**HPV Testing** (Based on Pap results)
- ❑ ASCUS (Ages 21-29†)
- ❑ ASCUS, AGCUS, LGSIL, or Higher
- ❑ HPV Regardless (Ages 30-65†)

**ThinPrep Vial**
- ❑ Chlamydia trachomatis/ Neisseria gonorrhoeae (CT/GC)
- ❑ Trichomonas vaginalis (TV)

†(IVD) Age based testing

**Aptima Unisex Swab** (White) (Female & Male)
- ❑ Chlamydia trachomatis/ Neisseria gonorrhoeae (CT/GC)
- ❑ Mycoplasma genitalium (MG)
- ❑ Trichomonas vaginalis (TV)

**Aptima Urine Collection** (Yellow) (Female & Male)
- ❑ Chlamydia trachomatis/ Neisseria gonorrhoeae (CT/GC)
- ❑ Mycoplasma genitalium (MG)
- ❑ Trichomonas vaginalis (TV) (Not FDA Approved)

**BactiSwab**
- ❑ Group B Streptococcus
- ❑ Penicillin Allergic (Reflex sensitivity if +)

**Aptima Multitest Swab** (Orange) Female ONLY
- ❑ Chlamydia trachomatis/ Neisseria gonorrhoeae (CT/GC)
- ❑ Mycoplasma genitalium (MG)
- ❑ Trichomonas vaginalis (TV)
- ❑ Bacterial vaginosis* (BV)
- ❑ Candida vaginitis/ Trichomonas vaginalis* (CV/TV)
- ❑ Herpes simplex virus 1 & 2* (HSV)

**Aptima Multitest Swab** (Orange) Male ONLY
- ❑ Herpes simplex virus 1 & 2* (HSV)

*Aptima Multitest Swab ONLY

## CHECK (✓) ALL THAT APPLY

- ❑ Well woman exam
- ❑ Previous Abnormal PAP
- ❑ Abnormal bleeding
- ❑ BC Pills
- ❑ Clinically apparent infection
- ❑ Depo Provera
- ❑ Discharge
- ❑ Estrogen
- ❑ High Risk
- ❑ HPV Vaccinated
- ❑ Hysterectomy
  - ❑ Partial ❑ Total
- ❑ Irregular Menses
- ❑ Itching/Burning
- ❑ IUD
- ❑ Menopausal
- ❑ Painful sex
- ❑ Post-partum _______ wks
- ❑ Pregnancy _______ wks
- ❑ Prior ablative or excisional therapy
- ❑ Swelling
- ❑ Urethritis
- ❑ Vaginitis
- ❑ Other____________________

**Clinical Dx or Tx History:**

## *MEDICARE PATIENTS

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

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**A. Notifier:** CLINICAL PATHOLOGY ASSOCIATES
**B. Patient Name:** **C. Identification Number:**

# Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE: If Medicare doesn't pay for D. items and services 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. items and services** below.

| D. items and services | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|---|---|---|
| Pap Test<br>HPV Test<br>Other special tests:<br>• Chlamydia, Gonorrhea, Trichomonas<br>• HSV 1, HSV 2<br>• Candida Vaginitis with Trichomonas<br>• Bacterial Vaginosis<br>• Mycoplasma Genitalium | • Frequency of testing could exceed Medicare limits.<br>• **The test may not be covered for the patient's condition, and Medicare considers the test experimental.**<br>• The clinician must provide the laboratory with a clinical history that indicates the need for the test. | \$35 up to \$75 (Pap Test)<br>\$80 up to \$160 (HPV Test)<br>\$80 up to \$120 per each Special Test |

**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. items and services** 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. items and services** 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. items and services** 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. items and services** 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:** 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.** 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 may ask to receive a copy.

| I. Signature: | J. Date: |
|---|---|
| | |

**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.**

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.