Pathology Consultants, P.C. Bringing Pathology Services to Your Community GYN CYTOLOGY REQUEST FORM

3502 Franklin Avenue (58503) Box 2036 Bismarck, ND 58502-2036 Phone (701) 222-2480 (800) 659-0395 Fax (701) 258-0512

LAST NAME				LETED FOR THIRD F			
		FIRST NAME		CHART NUMBER			CONTROL NUMBER
RESPONSIBLE PARTY	,	MAID	INSTITUTION INSTITUT				
STREET ADDRESS		I	PHONE	PHYSICIAN			
CITY	S	TATE	ZIP	BLUE SHIELD #		WOME	EN'S WAY - CIRCLE IF "YES"
PATIENT D.O.B.	PATIENT SOCI	AL SECURITY #		MEDICARE #	1	MEDICAID #	
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				FORMATION DEL ON			
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POST PARTUM			CRYOTHERAPY RADIATION THERAP	YES			
HPV VACCINATI							
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If the ICD-10 code selected is not specified above, or if CMS's criteria for a screening PAP smear are NOT met, the patient should sign the ABN (reverse side).

PATHOLOGY CONSULTANTS, P.C. 3502 Franklin Avenue Bismarck ND 58503-0761 1-701-222-2480 1-800-659-0395

Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN) NOTE: If Medicare doesn't pay for Test(s) 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 Test(s) below.

Test(s)	Reason Medicare May Not Pay:	Estimated Cost:

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 **Test(s)** 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 Test(s) 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 Test(s) 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 Test(s) 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.

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Form Approved OMB No. 0938-0566

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