



Stanford
HEALTH CARE

STANFORD MEDICINE

URL: www.stanfordlab.com

ANATOMIC PATHOLOGY SERVICE

300 Pasteur Drive, Room H2110 • Stanford, CA 94305-5624

Phone: (650) 723-7211 • Fax: (650) 725-7409

Christina S. Kong, MD, Medical Director

Patient Information

Patient Name (Last) (First) Date Of Birth

Referring Facility MRN Sex Patient's Phone Number
M F ()

Patient Address City State Zip Code

BILL TO:

Patient PPO HMO* Client Medicare
 Outpatient
 Inpatient

HMO Insurance Authorization # _____

*Referring facility is responsible for obtaining HMO authorization. If claim is denied due for lack of authorization, the referring facility will be billed for services

Insurance Info: Attach a copy of front & back of Insurance card or face sheet. Technical (lab) and professional (M.D.) charges are billed separately.

Requestor Information

Practice Name & Address

Physician Email:

Phone No. Fax No.

For Lab Use Only

REQUIRED INFORMATION ICD Code(s) -

Requesting Physician

Physician Name Date Physician NPI #: Physician Signature - REQUIRED

COPIES TO: (Name & Address, Fax & Phone)

SERVICES REQUESTED:

Slide Consultation
 Wet Tissue Evaluation
 Molecular Tests on Solid Tumors
 Other _____

ATTN: SUBSPECIALTY SERVICE & SLIDE CONSULT CONTACT PHONE NUMBER:

<input type="checkbox"/> Breast (650) 885-0315	<input type="checkbox"/> Hematopathology (650) 739-5852
<input type="checkbox"/> Cardiovascular (650) 723-7211	<input type="checkbox"/> Medical Liver (650) 885-0313
<input type="checkbox"/> Cytopathology (650) 739-6692	<input type="checkbox"/> Neuropathology (650) 723-6041
<input type="checkbox"/> Dermatopathology (650) 723-6736	<input type="checkbox"/> Ophthalmic (650) 723-7211
<input type="checkbox"/> Gastrointestinal (650) 885-0313	<input type="checkbox"/> Pediatric (650) 384-5174
<input type="checkbox"/> Genitourinary (650) 505-4971	<input type="checkbox"/> Renal (650) 391-5338
<input type="checkbox"/> Gynecologic (650) 885-0314	<input type="checkbox"/> Soft Tissue/Bone (650) 739-5859
<input type="checkbox"/> Head & Neck (650) 885-0316	<input type="checkbox"/> Thoracic (650) 723-7211

Clinical Information/Consult Question:

SPECIMEN INFORMATION

Collection Date (required): _____

FRESH OR FIXED TISSUE (list specimens by number): _____

SLIDES & BLOCKS:

Case Number: _____ QTY: Unstained Slides: _____ Stained Slide: _____ Paraffin Blocks: _____

Case Number: _____ QTY: Unstained Slides: _____ Stained Slide: _____ Paraffin Blocks: _____

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D.	E. Reason Medicare May Not Pay:	F. 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 the D. _____ 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. _____ 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. _____ 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. _____ 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:

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.

I. Signature:	J. Date:
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