CLINICAL PATHOLOGY ASSOCIATES

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

Patient Name - Last | First | MI

Patient SS# | Phone#

Date of Birth | Sex | Date Collected | Chart#_____

Requesting Physician	Hospital / Clinic
REQUIRED	REQUIRED

BILLED TO

- ☐ AETNA
- ☐ BC/BS
- ☐ CIGNA
- ☐ FIRST CARE
- ☐ HEALTHSMART
- ☐ 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 ❑ Left
- ❑ Breast Discharge ❑ Right
- ❑ Bronchial Brushing
  Lobe_____
- ❑ Bronchial Washing
  Lobe_____
- ❑ Esophageal Brush
- ☐ Fine Needle Aspiration
  Source_____
- ❑ Misc. Fluid ❑ Synovial ❑ CSF
  Source_____
- ❑ Misc. Smear ❑ Herpes (Tzanck)
  Source_____
- ❑ Pericardial Fluid
- ❑ Pleural Fluid
- ❑ Sputum
- ❑ Urine ❑ Voided ❑ Cath

GYN-CYTOLOGY

SOURCE CHECK (✓)

❑ Cervical/Vaginal ❑ Endocervical ❑ Other_____
❑ Vaginal ❑ Vaginal Cuff

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)

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)

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)

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

†Per ACOG & ASCCP guidelines

*Aptima Multitest Swab ONLY

CHECK (✓) ALL THAT APPLY

- ❑ Previous Abnormal PAP
- ❑ High Risk
- ❑ Clinically apparent infection
- ❑ Abnormal Bleeding
- ❑ Irregular Menses
- ❑ Pregnancy _____wks
- ❑ Post-partum_____wks
- ❑ BC Pills
- ❑ Depo Provera
- ❑ IUD
- ❑ Menopausal
- ❑ Estrogen
- ❑ Hysterectomy ❑ Partial ❑ Total
- ❑ Prior ablative or excisional therapy
- ❑ HPV Vaccinated
- ❑ Other_____

Clinical Dx or Tx History:

*MEDICARE PATIENTS

PLEASE PERSONALLY 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:

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (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 HPV Test Other Special Tests • Chlamydia and Gonorrhea • Trichomonas • HSV 1&2 • Others	Frequency of Pap or HPV testing could exceed Medicare limits. The test may not be covered for the patient's condition.	$35 up to $75 (Pap Test) $80 up to $160 (HPV Test) up to $80 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:

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:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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.