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PATIENT INFORMATION

SOCIAL SECURITY NUMBER / PATIENT ID# SEX M F

DATE OF BIRTH (MONTH/DATE/YEAR)

LAST NAME FIRST NAME M.I

STREET ADDRESS

CITY-STATE-ZIPCODE

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER

DIAGNOSIS / ICD-10

INSURANCE INFORMATION

BILL TO INSURANCE BILL PATIENT BILL CLIENT

DIAGNOSIS / ICD-10

When ordering test for which Medicare reimbursement will be sought, physicians should only order test that are medically necessary for diagnosis or treatment of a patient.

Cytology Diagnosis/ICD-10 Codes

Non-Medicare Patient Well Women Check Z01.419 High-Risk Screen ICD-10 HPV Screen Z11.51

Medicare Patient Special Screen, Vaginal Z12.72 Special Screen, Other Sites Z12.89 High-Risk Screen Z92.89

PRIMARY INSURANCE SEE ATTACHED

INSURANCE COMPANY NAME

STREET ADDRESS

CITY-STATE-ZIPCODE

POLICY #

GROUP EMPLOYER GROUP #

NAME OF POLICY HOLDER

BIOPSY

A. Colpo ECC EMB OTHER (CIRCLE ONE)

B. Colpo ECC EMB OTHER (CIRCLE ONE)

Collection Date

Container Type TP Vial Swab Urine

GYN/CYTOLOGY & MOLECULAR TESTS (LIQUID-BASED)

Women 21-29 years

Pap with reflex to HPV High-risk Screen* if ASCUS/AGC + CT + NG

Women 30+ years

Pap with HPV High-risk Screen* HPV 16 - 18/45 E6 / E7 Genotype if HPV screen positive Cystic Fibrosis

INFECTIOUS DISEASE ASSAYS

Chlamydia t./N. gonorrhea/Trichomonas v. Panel Yeast Vaginitis, Bacterial Vaginosis, Trichomonas Herpes simplex virus type 1 & 2

PAP SMEAR CHECK SOURCE Collection Date

Cervical - Endocervical Cervical - Vaginal Vaginal Vulvar

Regular Irregular Pregnant Post Partum

HISTORY CIRCLE YES - NO BELOW

Table with 3 columns: Y/N, Total Hysterectomy, IUD, Birth Control Pills, Hormone Ther. Type, Gross Lesion, Previous Cancer - Site, Irradiation - Date, Repeat of Atypical

Blank boxes for additional information