MEDICARE & MEDICAID PATIENTS SIGN ABN FORM

PLEASE ATTACH A COPY OF INSURANCE CARD IF AVAILABLE

PATIENT DEMOGRAPHIC SHEET MUST BE ATTACHED

CYTOLOGY & MOLECULAR REQUEST FORM

Pathology Services Lab
P.O. Box 925
1430 West C Street
Russellville, AR 72811
Phone: 479-968-6781
Fax: 479-968-3074

ACCESSION NO.

REQUESTING PHYSICIAN

CLINIC NAME

PATIENT LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	BIRTH DATE / /	SEX

DATE COLLECTED	TIME COLLECTED AM PM	PATIENT I.D.	NOTES AND INSTRUCTIONS / CLINICAL HISTORY

BILLING INFORMATION

☐ INFORMATION ATTACHED - BILL PATIENT ☐ BILL CLINIC/FACILITY

CLINICAL HISTORY

LMP _____
Pregnant _____
Contraceptives _____
Hormone Therapy _____
Previous Smear _____
RESULTS: _____
Previous Gyn Surgery _____
Radiation or Chemo _____

SOURCE OF SPECIMEN

☐ Cervix ☐ Vaginal Other_____
☐ Urine (Male or Female) ☐ Swab
Special Instructions_____

CHECK ALL THAT APPLY:

☐ THIN PREP PAP TEST WITH HPV TEST (IF ASCUS) (AGE 21-29)

☐ THIN PREP PAP & HPV CO-TEST (AGE 30-65) WITH HPV GENOTYPE (IF HPV POSITIVE & PAP NEGATIVE)

☐ THIN PREP PAP TEST

☐ HPV TEST WITH HPV GENOTYPE (IF HPV POSITIVE)

☐ HPV TEST ONLY

☐ CHLAMYDIA/GONORRHEA

☐ TRICHOMONAS

☐ HSV 1 & 2

☐ BV (BACTERIAL VAGINOSIS)

☐ CV/TV (CANDIDA & TRICHOMONAS)

* I understand that services rendered to me by Pathology Services Laboratory are **my financial responsibility** and that the Pathology Services Laboratory will bill my insurance company, as a courtesy.

* I authorize my insurance company to pay my benefits directly Pathology Services Laboratory and I understand that I will be fully responsible for any outstanding balance on my account.

* I have chosen to assign the benefits, knowing that the claim must be paid within all state or federal prompt payment guidelines. I will provide all relevant and accurate information to facilitate the prompt payment of the claim by my insurance company.

* I authorize Pathology Services Laboratory to release any information necessary to adjudicate the claim, and understand that there may be associated costs for providing information above and beyond what is necessary for the adjudication of a clean claim.

* I also understand that should my insurance company send payment to me, I will forward the payment to Pathology Services Laboratory within 48 hours. I agree that if I fail to send the payment to Pathology Services Laboratory and they are forced to proceed with the collections process; I will be responsible for any cost incurred by the office to retrieve their monies.

* I authorize the provider to initiate a complaint to the insurance commissioner for any reason on my behalf and I personally will be active in the resolution of claims delay or unjustified reductions or denials.

_____ _____

Signature of Policyholder Patient (Date) Guardian Printed Name (Date)

All Medicare or Medicaid patients please read and sign back of form if applicable.

A. Notifier: Pathology Services Laboratory, 1430 W C St, Russellville, AR 72801
B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. lab tests 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. lab tests** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
☐ Pap Smear Lab Test with Physician Review If Indicated	Medicare does not pay for these tests for your condition.	$55-$110
☐ HPV Test	Medicare does not pay for these tests as often as ordered for you.	$125
☐ Chlamydia Test	Medicare does not pay for these tests as often as ordered for you.	$125
☐ Gonorrhea Test	Medicare does not pay for these tests as often as ordered for you.	$125
☐ Trichomoniasis Test	Medicare does not pay for these tests as often as ordered for you.	$125
☐ Cervical Biopsy	Medicare does not pay for these tests as often as ordered for you.	$175
☐ Endometrial Biopsy	Medicare does not pay for these tests as often as ordered for you.	$175
☐ Leep	Medicare does not pay for these tests as often as ordered for you.	$500
☐ Skin/Vulva Biopsy	Medicare does not pay for these tests as often as ordered for you.	$100-$175
☐ Other	Medicare does not pay for these tests as often as ordered for you.	_____

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. lab tests** 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. lab tests** 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. lab tests** 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. lab tests** 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 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.