Account Information

WakeMed

Pathology Laboratory
3000 New Bern Avenue
Raleigh, North Carolina 27610
Phone: (919) 350-8242

Anatomic Pathology Requisition

Patient Information

Name: Last ______ First ______ MI ______

Address: Street or PO Box ______ REQUIRED

City ______ State ______ Zip ______

Phone number ______ Marital Status: S M Sep D W ______ Soc. Sec. No. ______

Sex M F | Date of Birth | Collection Date / Time / Initials

Medical Record #:

Physician Information

Referring Physician: ______ REQUIRED ______ (______)
Last Name First Name
(If PA or NP, indicate supervising physician in parentheses)

Physician's Signature: ______ REQUIRED ______

CALL Report To: ______

FAX Report To: ______

PAGE Report To: ______

Billing Information *(Check one)*
Only required when sending samples

☐ Bill to Medicare No: ______ ☐ Bill Doctor account
☐ Bill Patient Insurance ☐ Bill to patient (Address given)

Insurance/Medicare/Medicaid Information: ______

Diagnosis

Diagnosis/Signs/Symptoms in ICD-9 Format (Highest Specificity)

REQUIRED

(Diagnosis must support medical necessity requirements.)

Claims mailing address: ______ City ______ State ______ Zip ______

Policy No: ______ Group No: ______ If group, name of employer: ______

Insured or responsible party, if other than patient: ______ Insured Social Security Number: ______

Insured Date of Birth: ______ Patient relationship to insured: ☐ Spouse ☐ Child ☐ Other

Please attach a copy of patient's primary & secondary insurance information if available.

GYN CYTOLOGY

☐ GYN - ThinPrep Imaged Pap Test
☐ GYNHR - ThinPrep Pap, HPV Regardless
☐ GYNHX - ThinPrep Pap, HPV Reflex
☐ GYG - ThinPrep Pap GC/Chlam
☐ GYGHR - ThinPrep Pap GC/Chlam, HPV Regardless
☐ GYGHX - ThinPrep Pap GC/Chlam, HPV Reflex
☐ GYGT - ThinPrep Pap GC/Chlam,Trich
☐ GYGTR - ThinPrep Pap GC/Chlam,Trich, HPV Regardless
☐ GYGTX - ThinPrep Pap GC/Chlam,Trich, HPV Reflex

HPV Test ONLY: ThinPrep Collection only
☐ High Risk - HPVHR

REQUIRED INFORMATION

Source:
☐ Cervical
☐ Endocervical
☐ Vaginal

Date LMP ______
☐ Pregnant
☐ Post Partum
☐ Hysterectomy
☐ Postmenopausal
☐ Abnormal Vaginal Bleeding
☐ Hormonal Rx
☐ IUD
☐ Caut
☐ Previous Abnormal History: ______

NON-GYN CYTOLOGY

☐ Breast ☐ RT ☐ LT
☐ Cyst Asp.
☐ Solid Mass
☐ Nipple Disc.
☐ Neck Asp. ☐ RT ☐ LT
☐ Salivary
☐ Lymph Node
☐ Thyroid
☐ Bronchial Wash
Lobe ______
☐ Bronchial Brush
Lobe ______

☐ Sputum
☐ Pleural Fluid
☐ Cell Block
☐ Abdominal Fluid
☐ Cell Block
☐ Urine
☐ CSF
☐ Colonic Brush
☐ Esoph. Brush
☐ Gastric Brush
☐ Other ______

HISTOLOGY-TISSUE SPECIMEN

Surgeon ______

Clinical History

Previous Surgical Specimen
WakeMed ______ Other ______
Accompanying Cytology ☐ Yes ☐ No

Preoperative Diagnosis

Postoperative Diagnosis

SPECIMENS

A. ______
B. ______
C. ______
D. ______
E. ______
F. ______
G. ______

REQUIRED BY COLLECTING PROVIDER

FOR BREAST SPECIMENS ONLY:
Time specimen was resected: ______
Time specimen was placed in fixative: ______

FOR ALL OTHER SPECIMENS:
Time specimen was resected: ______
Time specimen was placed in fixative: ______

AMBULATORY LAB DRAW LOCATIONS

WakeMed Oberlin
505 Oberlin Road, Suite 220
Raleigh, NC 27605

Phone: 919-350-8909
Fax: 919-350-8911

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Fuquay Varina
231 N. Judd Pkwy NE
Fuquay Varina, NC 27526

Phone: 919-235-1944
Fax: 919-235-1335

Hours: 7:00am - 4:00pm M-Th
7:00am - 3:00pm F

WakeMed Garner
400 U.S. Highway 70 East
Garner, NC 27529

Phone: 919-350-9680
Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

HOSPITAL OUTPATIENT LOCATION

WakeMed Raleigh Medical Park
23 Sunnybrook Rd.
Raleigh, NC 27610

Phone: 919-350-8238
Fax: 919-661-7383

Hours: 7:00am - 5:00pm M-F

WakeMed Medical Park of Cary
210 Ashville Ave, 1st floor
Cary, NC 27518

Phone: 919-350-6022
Fax: 919-350-6026

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Apex Healthplex
120 Healthplex Way
Apex, NC 27502

Phone: 919-350-4329
Fax: 919-363-8843

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Brier Creek Healthplex
8001 TW Alexander Drive
Raleigh, NC 27617

Phone: 919-350-9623
Fax: 919-957-1831

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed North Physican Office Pavilion
10010 Falls of Neuse Road
Suite 101
Raleigh, NC 27614

Phone: 919-350-9680
Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

Advance Beneficiary Notice (ABN)

This section for office use only:
Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service.

I believe that in your case, Medicare is likely to deny payment for the following {specify test(s)}: ____________________

____

____________________ for the following reason(s):

Please check one that applies:
____ Medicare does not pay for tests for screening purposes or routine exams
____ Medicare does not pay for tests which are for "investigative or research use only"
____ Medicare does not pay for services for the diagnosis code provided
____ Medicare allows payment for this procedure only a limited number of times within a specific time period. WakeMed is not aware of other billings for this procedure by other health care providers.

Beneficiary Agreement: I have been notified by my physician / provider that he/ she believes that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated.

CHECK ONE:
____ If Medicare denies payment, I agree to be fully and personally responsible for payment to WakeMed.
____ I decline to have the test(s).

____________________ *Date of Service*

____________________ *Patient or Guarantor Signature*

____________________ *Witness*