PATHOLOGY ASSOCIATIES OF GREENVILLE, P.A.
8 MEMORIAL MEDICAL COURT, SUITE 1, GREENVILLE, SC 29605
864-295-3492, 864-295-4817 (fax)

LABORATORY USE ONLY

CHART #

PHYSICIAN

ACCT. # | PHONE #

CASE # _____

CYTOLOGY REQUEST

DATE COLLECTED:	NUMBER OF SLIDES:
(CIRCLE ONE) FIXED / UNFIXED	(CIRCLE) STAT
CALL REPORT TO:	FAX REPORT TO:
☐ PAP, LIQUID BASE ☐ PAP SMEAR	(CIRCLE ONE) VAGINAL / CERVICAL / ENDOCX

☐ REFLEX HPV TESTING ON ASCUS

☐ NON GYN SOURCE: _____

CHECK IF YES

☐ BCP	☐ HYSTERECTOMY
☐ HORMONES	☐ POST MENOPAUSAL
☐ PREGNANT	☐ RADIATION
☐ POSTPARTUM	☐ PREV. ABNRML. CYTOLOGY
☐ BLEEDING	INDICATE #:
☐ DISCHARGE	☐ CHEMOTHERAPY

PATIENT HISTORY

AGE | LMP:

DATE OF LAST PAP SMEAR:

PATIENT INFORMATION

PATIENT NAME (LAST) (FIRST)		SEX M F	BIRTHDATE
PATIENT ADDRESS		SOC. SEC. #	
CITY	STATE ZIP CODE		PATIENT PHONE #
REQUESTING PHYSICIAN	PHYSICIAN SIGNATURE		

COMPLETE THE FOLLOWING FOR PATIENT OR INSURANCE BILLING

BILL TO:

☐ DR./CLIENT (OFC ☐ MEDICARE (INS) ☐ MEDICAID INS) ☐ PATIENT (INS) ☐ OTHER INSURANCE (INS)

GUARANTOR NAME (IF OTHER THAN PATIENT)

ADDRESS

CITY STATE ZIP CODE

MEDICARE NUMBER (SUFFIX)

MEDICAID NUMBER (STATE)

OTHER INSURANCE (GROUP NAME) (GROUP NO.) (CONTRACT NO.)

DIAGNOSTIC INFORMATION (ICD9 CODE)

PAP SMEAR (ICD9 CODE) _____

OTHER SPECIMEN (ICD9 CODE) _____

ADDITIONAL HISTORY:

INFORMATION FOR MEDICARE PATIENTS

(Check Appropriate Boxes)

☐ **DIAGNOSTIC PAP SMEAR** Medicare covers Diagnostic Pap Smears when ordered by a physician for one of the following conditions:

- Any complaints, signs, or symptoms related to a gynecologic disorder.
- Any abnormal gynecologic findings
- Follow-up of abnormal pap smear
- History of gynecologic cancer

Note: Any diagnostic used has to agree with the Local Medicare Review Policy for Diagnostic Pap Smears or an Advance Beneficiary Notice has to be signed.

☐ **SCREENING PAP SMEAR (Also check Low or High risk)**

Medicare covers Screening Pap Smears for the early detection of cervical or vaginal cancer when ordered by a physician for one of the following conditions:

☐ **LOW RISK PATIENTS**

- No pap smear in the past 2 years.

Note: You must use the diagnosis codes **V76.2** and **V72.6** for a low risk screening of a patient with a cervix, or **V76.49** and **V72.6** for a patient who does not have a uterus or a cervix.

☐ **HIGH RISK PATIENTS**

- No pap smear in the past year.
- High risk personal history.

Note: You must use the diagnosis codes **V15.89** and **V72.6** for high-risk screening

***** Note: If the beneficiary does not meet the requirements for a screening or diagnostic Pap, an ABN must be Signed.*****