



CoCoPATH

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CYTOLOGY/ANATOMIC SPECIMEN REQUISITION

CONTRA COSTA PATHOLOGY ASSOCIATES

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PATIENT INFORMATION
Last Name, First Name, COLLECTION DATE, COLLECTION TIME
Date of Birth, [] Male [] Female
Address, City, State, Zip
Home Number, Work Number
ORDERING PHYSICIAN NAME (Last, First) PLEASE PRINT
PHYSICIAN OFFICE INFORMATION
BILLING
PATIENT CLIENT BILL
INSURANCE: Attach a copy of primary and secondary insurance cards.
MEDICARE: Medicare patient reviewed and signed advanced beneficiary notice for non-covered services: see back.
COPIES TO: NAME & FAX
RELATIONSHIP TO PATIENT SPECIAL HANDLING
Parent Self Spouse STAT FRESH

ROUTINE GYN EXAM
Z01.419 w/o ABN Findings
Z01.411 w/ABN Findings
High Risk HPV Screen ICD 10
ICD INDICATION
N76.0 Acute Vaginitis
N89.8 Other Specified Non Inflammatory Disorders of Vagina
ICD 10 CODES REQUIRED NON MEDICARE
Diagnostics ICD 10

CERVICAL CANCER SCREENING SWAB TEST

CHECK SOURCE
Cervical- Endocervical
Cervical - Vaginal
Vaginal
Vulvar
Other

WOMEN 21-25 YEARS
ThinPrep PAP if ASCUS and above reflex to Aptima HPV + CT/NG

WOMEN 26-29 YEARS
ThinPrep PAP if ASCUS and above, reflex to Aptima HPV

WOMEN 30-65 YEARS
ThinPrep PAP + Aptima HPV if PAP normal & HPV Positive reflex Genotype 16, 18/45

ADDITIONAL TESTS
ThinPrep PAP
HPV 16, 18/45 High Risk Screen*
STI PANEL (CT/NG, HPV, TV)
CT NG CT/NG TV

NON GYN CYTOLOGY
FNA
Nipple discharge
Other

APTIMA MULTI-TEST (ORANGE) SWAB
Vaginal
BV (Bacterial Vaginosis)
CV (Candia glabrata/species)
CT/NG/TV
CT/NG
TRICHOMONAS (TV)
VAGINITIS PANEL (BV/CV/TV)
MGEN Mycoplasma genitalia
Anogenital HSV1/HSV2

APTIMA UNISEX (WHITE/PURPLE) SWAB
Endocervical
CT/NG
MGEN
TV

URINE TEST (YELLOW)
APTIMA CT/NG
MGEN

GYN HISTORY
HISTORY
Hysterectomy Total Supracervical
IUD
Oral Contraceptives
Hormone Replacement Type:
High Risk HPV
LGSIL/HGSIL
Date of Last Menstrual Period
Regular Irregular
Pregnant
Post-Partum
Post-Menopausal
CLINICAL HISTORY

ANATOMIC PATHOLOGY
TISSUE BIOPSIES
ENDOMETRIUM
POC
D & C TAB
SKIN TAG
Cervix ECC LEEP
A.
B.
C.
D.

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

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. _____ 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. _____ 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. _____ 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. _____ 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:
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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](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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