

Physician Information:

Physician: _____
 Address: _____ Phone: _____
 CC to: _____

Patient Information: (Patient Name and Date of Birth Must be Completed Prior to Processing Specimen):

Name (Last, First, Middle): _____ DOB ____/____/____ Sex: M F
 SSN: _____ - _____ - _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Mother's Maiden Name: _____

Bill To: Physician Patient Medicare Medi-Cal Insurance

Financial Agreement: The undersigned agrees, whether he signs as agent or as patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of the above medical groups in accordance with the regular rates and terms of the medical groups. Should the account be referred for collection, the undersigned shall pay reasonable attorney fees and/or collection expenses.

Insurance Assignment: I hereby authorize payment directly to Bakersfield Pathology Medical Group, INC., of the medical benefits payable to me, but not to exceed the medical groups charges for the period of service. I understand I am financially responsible to the medical group for charges not covered by this authorization.

Signature of Patient: _____

Specimen Information Must Be Completed

Check Test Requested (one only): Surgical Cytology Bone Marrow
 Source (Be Specific): _____

Procedure (Operation): _____

Pre-Op Diagnosis: _____

Post-Op Diagnosis: _____

Clinical History: _____

Bone Marrow Use Only

Clot: Submitted in Formallin _____

Biopsy: Submitted in Formallin _____

Bone Marrow Smears Obtained: _____
 # Stained: _____

Peripheral Smears Obtained: _____
 # Stained: _____

Green Top Tube Submitted for: _____
 Flow Cytometry
 Cytogenetic/Chromosome

Tech's Comments: _____

Tech's Initials: _____

Chemotherapy Date of Last Treatment _____

PATHOLOGY USE ONLY - DO NOT WRITE BELOW THIS LINE

Specimen No. _____

Surgical Charges: _____

- 88300 Path Diagnosis A - (PDA)
- 88302 Path Diagnosis B - (PDB)
- 88304 Path Diagnosis C - (PDC)
- 88305 Path Diagnosis D - (PDD)
- 88307 Path Diagnosis E - (PDE)
- 88309 Path Diagnosis F - (PDF)
- 88329 OR Consult No Frozen - (POCN)
- 88331 Frozen Sec. - (PFS)-w/Block(1st Tissue Blk)- Single Speci.
- 88332 Frozen Section - (PFSA) - Add'l 1 Block FS1/FS2
- 88333 FS Touch Prep - (PFSTP)
- 88334 2nd FS TP Non-Medicare
- 88312 Special Stains A (Organisms) - (PSSA)
- 88313 Special Stains B (Other) - (PSSB)
- 88321 Outside Slide Consult - (PSC)
- 88323 Consult & Slide Prep/Recut - (CS)
- 88325 Consult & Review of Clinical Report - (CR)
- 88342 Immunoperoxidase-Interp Only - (PIM)
- 88342 Immunoperoxidase - Global - (PIM-G)
- 88360 Breast Markers
- 88311 Decalcification - (PDEC)
- 88367 FISH Interpret(NEO)
- 88189 Flow Interpret
- 99000 Stat Handling Charge/Trip
- 99001 Shipping & Handling

Non-Gyn Cytology Charges: _____

- 88104 Non-Gyn Smears w/interp <5 (PNG)
- 88108 Sputum Cytospin
- 88160 Smear, Screening & Interp
- 88161 Non-concentrated direct smears are stained in Lab
- 88162 More than 5 direct smears-screened & Interp
- 88305 Cell Block (PCB)
- 88112 Liquid-based slide prep, except cervical or vaginal
- 88173 Aspiration A (Stat Evaluation) (PNAS)
- 88312 Special Stain A (Organisms) (PSSA)
- 88313 Special Stain B (Other) (PSSB)
- 10021 FNA

Bone Marrow Charges: _____

- 85060 Peripheral Smear (PPBS)
- 85097 Bone Marrow mear Interp (PBMS)
- 88305 Cell Block, Stain and Interp (PBMC)
- 88305 Marrow Biopsy (PBMB)
- 88311 Decalcification Procedure
- 88312 Special Stains A (Organisms) (PSSA)
- 88313 Special Stains B (Other) (PSSB)
- 88160 Touch Imprint Interp <5 (PTI)
- 88162 Touch Imprint Interp >5 (PTII)

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