BPMG Bakersfield Pathology Medical Group

Bakersfield Heart Hospital

661.336.0622 • Fax: 661.322.0239 • 3000 Sillect Avenue • Bakersfield, CA 93308

Admission No.
Patient
Sex Age
Physician
Location
Admit Date

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 ad 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
99026 ____ Call-in to hospital cach hour - mandated
99027 ____ Call-in out of hospital each hour - mandated
99050 ____ AHR 1700/2000
99052 ____ AHR 2000/0800
99054 ____ AH/WKD

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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