

# San Joaquin Community Hospital

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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 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  Formalin \_\_\_\_\_  
 Biopsy: Submitted in  Formalin \_\_\_\_\_  
 # 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)	88321 _____ Outside Slide
88302 _____ Path Diagnosis B - (PDB)	Consult - (PSC)
88304 _____ Path Diagnosis C - (PDC)	88323 _____ Consult & Slide
88305 _____ Path Diagnosis D - (PDD)	Prep/Recut - (CS)
88307 _____ Path Diagnosis E - (PDE)	88325 _____ Consult & Review of
88309 _____ Path Diagnosis F - (PDF)	Clinical Report - (CR)
88329 _____ OR Consult No	88342 _____ Immunoperoxidase-Interp
Frozen - (POCN)	Only - (PIM)
88331 _____ Frozen Sec. - (PFS)-	88342 _____ Immunoperoxidase -
w/Block(1st Tissue Blk)-	Global - (PIM-G)
Single Speci.	88360 _____ Breast Markers
88332 _____ Frozen Section - (PFSA) -	88311 _____ Decalcification - (PDEC)
Add'l 1 Block FS1/FS2	88367 _____ FISH Interpret(NEO)
88333 _____ FS Touch Prep - (PFSTP)	88189 _____ Flow Interpret
88334 _____ 2nd FS TP Non-Medicare	99000 _____ Stat Handling Charge/Trip
88312 _____ Special Stains A	99001 _____ Shipping & Handling
(Organisms) - (PSSA)	99050 _____ AHR 1700/2000
88313 _____ Special Stains B	99052 _____ AHR 2000/0800
(Other) - PSSB)	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 smear 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)