

**Consolidated
Pathology
Consultants**

8100 N. Ashley Cr., #106
Libertyville, Illinois 60048
Phone (877) 631-PATH (7284)
Fax (847) 996-1076



LOCATION: URO

Patient Data				Billing Information (Continued)			
Name (Last, First)				Responsible Party (Last, First) Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Patient I.D. or SSN		Office MR #		Address		Apt. No.	
Date of Birth (Month, Day, Year)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Collected	Time Collected	City	State	Zip	
Physician Signature (Required for Medicaid)		Physician Medicaid #	NPI #	Patient Phone No. ()			
Additional Reports to:				Medicare I.D. Number		Medicare I.D. Number (Incl. Suffix)	
Primary Insurance Name and Plan						HMO Y <input type="checkbox"/> N <input type="checkbox"/>	
Policy I.D. Number				Group No.			
<input type="checkbox"/> Account <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Patient				Street City State Zip			
MEDICARE PATIENTS: Please complete the Advanced Beneficiary Notice (ABN) and attach to the requisition when submitting a specimen.							
ICD Diagnosis Codes (Enter All That Apply)							

- | | |
|--|---|
| <input type="checkbox"/> Left prostate, Apex Lateral | <input type="checkbox"/> Right prostate, Apex Lateral |
| <input type="checkbox"/> Left prostate, Apex Medial | <input type="checkbox"/> Right prostate, Apex Medial |
| <input type="checkbox"/> Left prostate, Mid Lateral | <input type="checkbox"/> Right prostate, Mid Lateral |
| <input type="checkbox"/> Left prostate, Mid Medial | <input type="checkbox"/> Right prostate, Mid Medial |
| <input type="checkbox"/> Left prostate, Base Lateral | <input type="checkbox"/> Right prostate, Base Lateral |
| <input type="checkbox"/> Left prostate, Base Medial | <input type="checkbox"/> Right prostate, Base Medial |
| <input type="checkbox"/> Right Vas Deferens | <input type="checkbox"/> Left Vas Deferens |
| <input type="checkbox"/> Bladder Biopsy | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

CPT Codes: 88304 [] 88305 [] 88312 [] 88313 [] 88342 []

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[] D. Wang, M.D., Ph.D. [] W. Liu, M.D., Ph.D. [] R. Cajulis, M.D.