



Advocate Sherman Hospital

1425 North Randall Road
Elgin, Illinois 60123

Service Results:
(224) 783-8729

OPEN 24 HOURS DAILY



LAST NAME	FIRST	M.I.	MAIDEN NAME	BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS			HOME PHONE	SOCIAL SECURITY #	
CITY		STATE	ZIP	COUNTY	

CALL	PHYSICIAN	Sherman Analytics Bills Medicare and IDPA Bill To: <input type="checkbox"/> MD <input type="checkbox"/> Medicare <input type="checkbox"/> IDPA <input type="checkbox"/> SC <input type="checkbox"/> Other _____ Policy Number: _____ Policy Holder: _____
FAX TO		

LOCATION - PLEASE CIRCLE: ALG - CL - CVILLE - ROYAL

PHYSICIAN'S NOTIFICATION: When ordering tests for which Medicare reimbursement will be sought, physicians (or others as authorized by law to order tests) should only order tests that are medically necessary for diagnosis or treatment of a patient, rather than for screening purposes.

Specimen Collection	DATE / TIME	TECH	STAT	FASTING	DIAGNOSIS (ICD-9) CODES
	/ /				

- 7167 - CYTIC THIN PREP SMEAR - 88142
 - HPV Screening
 - HPV Reflex
- 7166 - CONVENTIONAL PAP SMEAR - 88164

Tests in RED are subject to limited coverage restrictions under Medicare Local Review Policies. See reverse for Medicare ABN.

GYNECOLOGICAL SOURCE

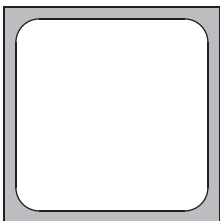
- VAGINAL - GS1
- VAGINAL/CERVICAL - GS2
- ECTO/ENDO CERVICAL - GS3
- OTHER _____

CLINICAL DATA

- LMP _____
- ROUTINE (NO CLINICAL DISEASE) - CD1
- PREVIOUS ABNORMAL - CD2
DX _____ DATE _____
- HIGH RISK - CD3
- ORAL CONTRACEPTIVES - CD13-V25.1
- IUD - CD14
- PREGNANT - CD10-V22.2
- POST PARTUM - CD11
- AMENORRHEA - CD15-626.0
- MENORRHEA - CD9-626.2
- ABNORMAL BLEEDING - CD6-623.8
- DYSFUNCTIONAL UTERINE BLEEDING - CD5-626.8
- POST MENOPAUSAL - CD8-627.1
- POST MENOPAUSAL BLEEDING - CD7-627.9
- ULCERATION/EROSION - CD20
- HYSTERECTOMY - CD4
- OOPHORECTOMY - CD16
- ESTROGEN THERAPY - CD12-259.9
- PROGESTERONE THERAPY - CD19-259.9
- COLPOSCOPY WITH BIOPSY - CD17
- LEEP - CD18
- CRYOTHERAPY/LASER THERAPY - CD21
- RADIATION - CD22
- CHEMOTHERAPY - CD23

LABORATORY USE ONLY

NUMBER OF SLIDES
1 2



NON-GYNECOLOGICAL SOURCE

- FINE NEEDLE ASPIRATION FLUID SMEARS
- BREAST LEFT RIGHT
- THYROID
- OTHER (SOURCE) _____
- URINE - VOIDED (MIDSTREAM)
- URINE - CATHETERIZED
- SPUTUM
- OTHER (SOURCE) _____

LABORATORY USE ONLY

CORRELATE WITH SURGICAL PATHOLOGY SPECIMEN S- _____

GROSS DESCRIPTION

SURGICAL SPECIMEN CONSULTATION

PRE-OPERATIVE DIAGNOSIS

1. _____
2. _____
3. _____

TISSUE SPECIMEN AND SITE OF REMOVAL (ANATOMIC LOCATION)

1. _____
2. _____
3. _____

SURGICAL PROCEDURE PERFORMED

1. _____
2. _____
3. _____

Physician Signature _____

FOR LAB USE ONLY

S- _____
ACCESSION NO.

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Medicare Part B is likely to deny payment if your test is:

1. Considered by Medicare not to be reasonable and necessary for your particular diagnosis indicated by your doctor.
2. A non-covered routine screening test or one for which it is allowed only periodically, i.e. gynecological PAP Test is covered every three years.
3. Considered to be for research or investigational use only.

List Test(s) / Reason(s) for Possible Denial _____

I have been notified by my physician, that for the testing indicated above, Medicare Part B is likely to deny payment, for the reasons stated. If Medicare Part B denies payment, I agree to be personally and fully responsible for payment to Sherman Analytics.

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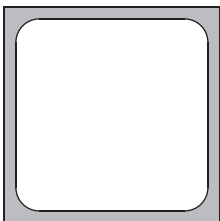
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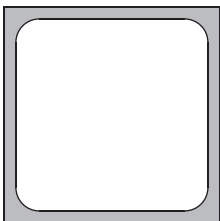
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