SEPA Labs
SOUTHEASTERN PATHOLOGY ASSOCIATES

Biopsy/Tissue Pathology Request

Phone: (888) 261-2671 www.sepalabs.com

CAP ACCREDITED™

PATIENT INFORMATION

Name (last / first / middle):_____

DOB:_____/_____/_____ Sex: ☐ M ☐ F SSN#:_____-_____-_____

Address_____City_____ Zip_____

Contact Phone #: (_____)_____-_____ x_____

Responsible Party:_____Relationship:_____

ORDERING PHYSICIAN / FACILITY

BILLING INFORMATION *(Please attach patient face sheet and front/back of insurance cards to ensure correct billing)*

BILL TO:

Medicare ☐ Medicaid ☐ Client ☐ Patient ☐ Other (see attached) ☐

PRIMARY INSURANCE

Primary Insurance Name:_____

Primary Insurance Policy #:_____

Primary Insurance Group #:_____

SECONDARY INSURANCE

Secondary Insurance Name:_____

Secondary Insurance Policy #:_____

Secondary Insurance Group #:_____

Patient/Chart Number Date

ICD-9 Diagnosis Code(s)

Please provide a diagnosis code for all tests ordered that can be substantiated by the patient's medical record. Tests deemed not "MEDICALLY NECESSARY" must be accompanied by a signed ADVANCED BENEFICIARY NOTICE (ABN).

*PROVIDING SS# & D.O.B. IS ESSENTIAL TO LOCATE AND REVIEW PREVIOUS HISTOLOGY AND CYTOLOGY.

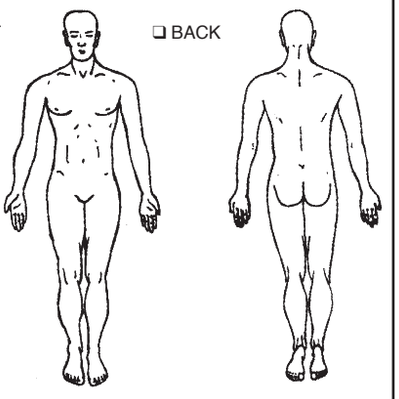
Procedure:

Clinical Data:

Special Request: Frozen Sections ☐ Flow Cytometry ☐ Cytogenetics ☐ Micro ☐ Other ☐ _____

Material Submitted:

❑ FRONT ❑ BACK



Lab Use Only

REV. (02/13)

P.E.T. Godbey, M.D. FCAP
LABORATORY DIRECTOR

119393

Staples Business Advantage 877-826-7754 (11/13)