Consultation Request Form

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Facility: ______________________ Date: ______________________

Dr. Name: ______________________ Phone: ______________________

Address: ______________________

______________________ Fax: ______________________

The information in this section is mandatory for patient tracking. Missing information could delay review of the case.

Pt. First Name: ______________________ Last Name: ______________________

Age: ______ DOB: ______________ Sex: M / F S.S. #: ______________________

Materials Submitted:

Slides: Path #: ______________ No.: ______ Blocks: Path #: ______________ No.: ______

Slides: Path #: ______________ No.: ______ Blocks: Path #: ______________ No.: ______

Site of Lesion: ______________________ Collection Date: ______________

Send bill for this consult to: (Please check one and provide all the information requested.) Cases submitted without patient insurance information will be billed to the referring physician/pathologist or alternatively can be charged against a credit card account. We regret we cannot bill Medicaid outside of GA.

Person responsible for processing billing (accounts payable): ______________________

Billing email address: ______________________ Billing phone number: ______________________

☐ **Referring pathologist:** ______________________

☐ **Clinician (Name, address, phone number):** ______________________

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☐ **Patient Insurance - Patient (or patient's guardian) Name:** ______________________

Address: ______________________

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Phone: ______________________ Social Security #: ______________________

Insurance: ______________________ **(Please provide copy of front/back of insurance card.)**

Policy #: ______________________ Group #: ______________________

Insurance Company Address: ______________________

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Insurance Company Phone #: ______________________ Referring Pathologist UPIN #: ______________

Use one form per case. Enclose a cover letter outlining the clinical history and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identify as well as slide labeling.