OSF	CLIENT: ATLAS DOWN	ITIME		L TO INSURANCE	
1224 N. Berkeley Ave				ient or Patient's Insurance) , please attach a copy of In	
Peoria, IL 61603 • (309) 655-2	336			ENT BILL	
1-800-533-6730 FAX (309) 62				mitter's office account)	V.006
<b>2</b> Patient Information PATIENT'S LAST NAME (PLEASE PRI	on - Please Print			DER (FIRST & LAST NAME)	
			-		
PATIENT'S FIRST NAME	MI	DATE OF BIRTH SEX	5 DUPLICATE REPORT T	0:	
				-	
ADDRESS	CITY	STATE ZIP	<b>6</b> COLLECTOR'S INITIALS	(7) COLLECTED DATE	<b>©COLLECTED/PLACED IN FIXATIVE</b>
					AM
PHONE NUMBER	SOCIAL SECURITY NUMBER		MANDATORY		PM
	—	—	9 ICD Diagnosis Cod	e: All requests muxt be acc	companied by a valid
<b>3</b> Advanced Beneficiary No	otice Attached: 📃 YES	5 🗌 NO			dical necessity for tests ordered.
	s any possibility to expect that Medicare	may deny payment if the test is not		delays and/or reimbursem	meet coverage requirements, ent delavs.
deemed reasonable and necessary under limitation exceeds the Medicare Program	r Medicare Program standards. If you be	lieve that a test subject to a <u>frequency</u>			
and order the test. With this requirement	it, you must evaluate test frequency limit	ts and look up how many times the test		2)	]
was ordered during the specific timefram claim den	ie for that patient. Failure to submit an ial, will result in a service charge to you		=		
			3)	4)	
REQUISITION NUMBER:	OSF USE ONLY				
OSF USE C	DNLY		JSE ONLY		OSF USE ONLY
PLACE					
EPIC PAP ST	FICKER		IC HPV ICKER		PIC GC/CHLAMYDIA STICKER
HERE			IERE		HERE
(10) GYNECOLOGIC CYTOI	.OGY* - PAP 🛛 Vagir	nal 🗌 Cervical	Endocervical		NING or 🗖 DIAGNOSTIC
	🗆 Reflex High Risk H	IFV. II ASCUS FAD	will <u>ONLY</u> be perform	ed when	
	Reflex High Risk H	Pap of Pap	v will <u>ONLY</u> be perform diagnosis is ASCUS)	ed when	
Рар Аррар LAB1768		OR	diagnosis is ASCUS)		
Рар аррар Lab1768		Pap of Pap	diagnosis is ASCUS)		
Pap APPAP LAB1768     II GYNECOLOGICAL H		OR	diagnosis is ASCUS)		
(1)GYNECOLOGICAL H		OR OR .92 (Cotest performed regar	diagnosis is ASCUS) dless of Pap diagnosis)		Dther
① GYNECOLOGICAL H Menstrual History: Date of LMF	HPV HPVIRS LAB11 IISTORY	enopausal Post Partum	diagnosis is ASCUS) dless of Pap diagnosis)	Abnormal Bleeding	Other
① GYNECOLOGICAL H         Menstrual History:       Date of LMF         Prior or Present Therapy:       H	HPV HPVIRS LAB11  IISTORY  MANDATORY Post M Ormone Chemotherapy	enopausal Post Partum	diagnosis is ASCUS) dless of Pap diagnosis)	Abnormal Bleeding	
① GYNECOLOGICAL H Menstrual History: Date of LMF	HPV HPVIRS LAB11 IISTORY	enopausal Post Partum	diagnosis is ASCUS) dless of Pap diagnosis)	Abnormal Bleeding	
① GYNECOLOGICAL H         Menstrual History:       Date of LMF         Prior or Present Therapy:       H	HPV HPVIRS LAB11  IISTORY   MANDATORY  Post M  ormone  Chemotherapy  Negative  ASCUS / AG	enopausal Post Partum	diagnosis is ASCUS) dless of Pap diagnosis) Pregnant e Resection Radio ia High Grade Dysp	Abnormal Bleeding	and Type)
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① GYNECOLOGICAL H         Menstrual History:       Date of LMP         Prior or Present Therapy:       H         Previous Pap/Biopsy Results:       Image: Comparison of the second s	HPV HPVIRS LAB11  IISTORY      MANDATORY Post M ormone Chemotherapy      Negative ASCUS / AC  CYTOLOGY LAB1769  theterized Urine Blad Fine Needle Aspiration Othe	Pape OR 92 (Cotest performed regar enopausal Post Partum Hysterectomy Con GUS Low Grade Dysplas SITE: der Washing Fluid	diagnosis is ASCUS) dless of Pap diagnosis Pregnant e Resection Radio ia High Grade Dys OSF I OSF Volume	Abnormal Bleeding	and Type)
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\*An ABN must be issued and signed by the patient if you believe Medicare will not pay for an item or service, especially if medical necessity requirements are not met. See CMS NCD 210.2 for Pap Screening medical necessity and frequency determinations. See CMS NCD 190.2 for Pap Diagnostic medical necessity criteria.