OSF HEALTHCARE	CLIENT:		(Bill to Patient or F	INSURANCE Patient's Insurance)	
1224 N. Berkeley Ave Peoria, IL 61603 • (309) 655-23	36		(1) CLIENT	e attach a copy of Ins RILL	surance card.
1-800-533-6730 FAX (309) 624	-9152		(Bill to Submitter's	office account)	V.006
<b>2</b> Patient Information PATIENT'S LAST NAME (PLEASE PRIN			4 AUTHORIZING PROVIDER (FIR	ST & LAST NAME)	
			_		
PATIENT'S FIRST NAME	MI	DATE OF BIRTH SEX	(5) DUPLICATE REPORT TO:		
		1 1			
ADDRESS	CITY	STATE ZIP	6 COLLECTOR'S INITIALS 7 COL	LECTED DATE	<b>©COLLECTED/PLACED IN FIXATIVE</b>
			MANDATORY	/ /	AM
PHONE NUMBER	SOCIAL SECURITY NUMBER		MANUA		РМ
	_		9 ICD Diagnosis Code: All re		
<b>3</b> Advanced Beneficiary Not	tice Attached: 🗌 YES	ΝΟ	alpha-numeric diagnosis code If the ICD code is not provide		dical necessity for tests ordered. neet coverage requirements,
You MUST issue an ABN when there is a			this can result in test delays a		
deemed reasonable and necessary under N limitation exceeds the Medicare Program	frequency limits for test ordering, you	MUST issue an ABN before you collect	1)	2)	
and order the test. With this requirement, was ordered during the specific timeframe	for that patient. Failure to submit an	ABN to OSF in these cases, resulting in			)
<u>claim denia</u>	I, will result in a service charge to you	r office.	3)	4)	
REQUISITION NUMBER:	SF USE ONLY				)
OSF USE OF		OSF	USE ONLY		OSF USE ONLY
PLACE		1	PLACE		PLACE
EPIC PAP STI	CKER		IC HPV	E	PIC GC/CHLAMYDIA
HERE			FICKER		STICKER
			HERE		HERE
	DGY* - PAP	al 🗌 Cervical	Endocervical		NING or DIAGNOSTIC
		(110)	Endocervical / will <u>ONLY</u> be performed whe	n SCREEN	NING or 🗖 DIAGNOSTIC
	DGY* - PAP 🗆 Vagir	PV, if ASCUS Pap (HP) Pap			NING or 🗖 DIAGNOSTIC
Image: Second condition         Image: Second	Reflex High Risk H	PV, if ASCUS Pap (HP Pap OR	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS)		NING or 🗖 DIAGNOSTIC
Pap Аррар Lab1768	Reflex High Risk H HPV HPVIRS LAB11	PV, if ASCUS Pap (HP) Pap	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS)		NING or 🗖 DIAGNOSTIC
	Reflex High Risk H HPV HPVIRS LAB11	PV, if ASCUS Pap (HP Pap OR	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS)		NING or 🗖 DIAGNOSTIC
Pap APPAP LAB1768     ①     GYNECOLOGICAL HI	Reflex High Risk H HPV HPVIRS LAB11	PV, if ASCUS Pap (HP) Pap OR 92 (Cotest performed rega	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS) rdless of Pap diagnosis)		
Pap APPAP LAB1768     ①     GYNECOLOGICAL HI	Reflex High Risk H  HPV HPVIRS LAB11  STORY  MANDATORY Post Ma	PV, if ASCUS Pap Pap OR 92 (Cotest performed rega	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS) rdless of Pap diagnosis)	n	
Pap APPAP LAB1768     11 GYNECOLOGICAL HI Menstrual History: Date of LMP:	Reflex High Risk H  HPV HPVIRS LAB11  STORY  MANDATORY Post Manual	PV, if ASCUS Pap OR 92 (Cotest performed rega enopausal Post Partum	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS) rdless of Pap diagnosis) Pregnant Abnorn ne Resection Radiotherapy	n hal Bleeding C	)ther
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Pap APPAP LAB1768     GYNECOLOGICAL HI Menstrual History: Date of LMP: Prior or Present Therapy: Hor Previous Pap/Biopsy Results:     ON-GYNECOLOGIC C	Reflex High Risk H  HPV HPVIRS LAB11  STORY  MANDATORY Post Ma  rmone Chemotherapy Negative ASCUS / AG  CYTOLOGY LAB1769	PV, if ASCUS Pap OR 92 (Cotest performed rega enopausal Post Partum Hysterectomy Con US Low Grade Dyspla SITE:	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS) rdless of Pap diagnosis) Pregnant Abnorn ne Resection Radiotherapy sia High Grade Dysplasia OSF LAB USE	nal Bleeding C C Other Malignant (Site a Is this a shared spe	Dther 
Pap APPAP LAB1768      GYNECOLOGICAL HI Menstrual History: Date of LMP: Prior or Present Therapy: Hoo Previous Pap/Biopsy Results:     NON-GYNECOLOGIC C     Voided Urine Cath	Reflex High Risk H  HPV HPVIRS LAB11  STORY  MANDATORY Post Ma  rmone Chemotherapy Negative ASCUS / AG  CYTOLOGY LAB1769 Heterized Urine Blade	PV, if ASCUS Pap OR 92 (Cotest performed rega enopausal Post Partum Hysterectomy Cor US Low Grade Dyspla SITE: der Washing Fluid	/ will <u>ONLY</u> be performed whe diagnosis is ASCUS) rdless of Pap diagnosis) Pregnant Abnorn ne Resection Radiotherapy sia High Grade Dysplasia OSF LAB USE OSF Volume	nal Bleeding C C Other Malignant (Site a Is this a shared spe	)ther 
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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.