CLIENT:	① BILL TO INSURANCE
HealthCare	(Bill to Patient or Patient's Insurance) If Insurance Bill
1224 N. Berkeley Ave Peoria, IL 61603 • (309) 655-2336	is checked, please attach a copy of Insurance card. ① CLIENT BILL
1-800-533-6730 FAX (309) 624-9152	(Bill to Submitter's office account)
2 Patient Information - Please Print PATIENT'S LAST NAME (PLEASE PRINT)	(4) AUTHORIZING PROVIDER (FIRST & LAST NAME)
PATIENT'S FIRST NAME MI DATE OF BIRTH SEX	5 DUPLICATE REPORT TO:
ADDRESS CITY STATE ZIP	© COLLECTOR'S INITIALS ⑦ COLLECTED DATE ② COLLECTED/PLACED IN FIXATIVE
PHONE NUMBER SOCIAL SECURITY NUMBER	MANDATORY / / AM
	9 ICD Diagnosis Code: All requests muxt be accompanied by a valid
③Advanced Beneficiary Notice Attached:	alpha-numeric diagnosis code as to establish medical necessity for tests ordered.
You MUST issue an ABN when there is any possibility to expect that Medicare may deny payment if the test is not	If the ICD code is not provided and/or does not meet coverage requirements, this can result in test delays and/or reimbursement delays.
deemed reasonable and necessary under Medicare Program standards. If you believe that a test subject to a <u>frequen</u> <u>limitation</u> exceeds the Medicare Program frequency limits for test ordering, you MUST issue an ABN before you coller	
and order the test. With this requirement, you must evaluate test frequency limits and look up how many times the te was ordered during the specific timeframe for that patient. Failure to submit an ABN to OSF in these cases, resulting	est
claim denial, will result in a service charge to your office.	3) 4)
REQUISITION NUMBER: OSF USE ONLY	
OSF USE ONLY OSF	USE ONLY OSF USE ONLY
PLACE	PLACE PLACE
EPIC PAP STICKER	PIC HPV EPIC GC/CHLAMYDIA STICKER STICKER
HERE	HERE HERE
10 GYNECOLOGIC CYTOLOGY* - PAP Vaginal Cervical	Endocervical SCREENING or DIAGNOSTIC
L RELIEX FIGHT RISK FFV, II ASCUS PAD	PV will <u>ONLY</u> be performed when
- Pa	n diagnosis is ASCUS)
Рар АРРАР LAB1768 ОК ОК	p diagnosis is ASCUS) GC/Chlamydia CGPRB LAB826
□ Pap APPAP LAB1768 OR	GC/Chlamydia CGPRB LAB826
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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.