

Surgical Pathology Requisition

ACCOUNT INFORMATION

Bill to: Client Insurance* Patient* *Complete 3rd party billing information

VERIPATH LABORATORIES

Surgical Pathology

5323 Harry Hines Blvd.
Dallas, Texas 75390-9073
CLIA #45D-0659587
CAP #2723201

Lab: 214-590-8175
FAX: 214-590-6586
Customer Service: 214-645-7057
Toll Free: 877-887-8136
www.veripathlabs.com

REQUIRED ORDER INFORMATION

Patient Name: (Last, First, Middle) _____ Mother's Name: (if infant) _____ Patient ID/MR #: _____ DOB: _____ Sex: M F

Date of Order: _____ Specimen Collected at: Hospital Discharge Date: _____ Clinic/Office _____ Collection Date: _____ Collection Time: _____

ICD-9 Code(s) or Clinical Reasons for Tests Ordered: _____

Ordering Physician: _____ UPIN _____ Phone: _____ Pager: _____ FAX: _____

3rd PARTY BILLING INFORMATION: (Complete OR attach a copy of insurance card and authorization)

Insured/Responsible Party Name: (if different from above-Last, First, MI) _____ DOB: _____ Sex: M F Phone: _____ Patient's Relationship to Insured: Self Spouse Dependent Other

Address: _____ City: _____ State: _____ Zip: _____

Medicare Medicaid HMO PPO Other _____ Policy #: _____ Group #: _____

Insurance Co. Name: _____ Insurance Co. Address: _____ Insurance Co. Phone: _____

Employer's Name: _____ Employer's Phone: _____ Referral Authorization/Precertification #: _____ Name: _____ Date/Time: _____

SOURCE OF SPECIMENS

Sample source (1): _____
Sample source (2): _____
Sample source (3): _____
Sample source (4): _____
Sample source (5): _____
Sample source (6): _____
Outside consult (slides): _____

CLINICAL INFORMATION

Clinical History or Radiological Findings:

Special Requests:

FOR VERIPATH USE ONLY:

VERIPATH ACCESSION # _____

Date/Time Received: _____ Condition of specimen: _____ Initials: _____

Description	CPT Code	Number	Description	CPT Code	Number
Gross only, level I	83300		Sp. stains, organisms	88312	
Gross & micro, level II	83302		Sp. stains, other	88313	
Gross & micro, level III	83304		Outside consult	88321	
Gross & micro, level IV	83305		Intraoperative gross consult	88329	
Gross & micro, level V	83307		First frozen section	88331	
Gross & micro, level VI	83309		Addtl. frozen section	88332	
Decal	83311		Touch preps	88161	
Immunostains	88342		Faxitrons	76098	
Other			Other		