

**PAP SMEAR
REQUISITION**

FLINT MEDICAL LABORATORY, INC.

3490 Calkins Rd. • Flint, Michigan 48532-3506
Phone (810) 733-8885

DATE: _____

PATIENT'S LAST NAME: _____		FIRST NAME: _____	INSURANCE INFORMATION
ADDRESS: _____		GROUP NO. _____	
CITY: _____		CONTRACT NO. _____	
ZIP CODE: _____		SUBSCRIBER _____	
BIRTHDATE: _____ <small>Month Day Year</small>		SUBSCRIBER DATE OF BIRTH _____	
PATIENT PHONE #: _____		RELATIONSHIP _____	
DOCTOR'S NAME: _____		MEDICAID _____	
		MEDICARE _____	

CLINICAL INFORMATION

ONE OF THESE MUST BE CHECKED → Screening Pap Smear Diagnostic Pap Smear (Give Symptoms) _____

<p>SOURCE OF SPECIMEN: check</p> <p>LMP: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px; text-align:center">V</td><td style="width:20px; height:20px; text-align:center">C</td><td style="width:20px; height:20px; text-align:center">E</td></tr></table></p> <p>PREVIOUS SMEAR:</p> <p> Date: _____ Result: _____</p> <p>HORMONE THERAPY:</p> <p> Date: _____ Type: _____</p> <p>IUD: _____</p> <p>PREGNANT: _____</p> <p>POST PARTUM: _____</p>	V	C	E	<p>CA SUSPECTED: _____</p> <p>HYSTERECTOMY _____</p> <p>RADIATION THERAPY:</p> <p> Date: _____</p> <p>CHEMOTHERAPY:</p> <p> Date: _____</p> <p>REQUEST MATURATION: _____</p> <p>COMMENT: _____</p>
V	C	E		

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the Lab Test below, you may have to pay.
 Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Lab Test below.

LAB TEST	REASON MEDICARE MAY NOT PAY	ESTIMATED COST
(1) Pap Test	<input type="checkbox"/> Medicare does not pay for this test as often as this (denied as too frequent). <input type="checkbox"/> Medicare does not pay for this test for your condition.	

WHAT YOU NEED TO DO NOW:

Read this notice, so you can make an informed decision about your care and ask us any questions that you may have after you finish reading. Choose an option below about whether to receive the Lab Test listed above.

NOTE: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: CHECK ONLY ONE BOX. We CAN NOT choose a box for you.

OPTION 1: I want the Lab Test listed above.
 You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2: I want the Lab Test listed above, but do not bill Medicare.
 You may ask to be paid now as I am responsible for payment. I cannot Appeal if Medicare is not billed.

OPTION 3: I don't want the Lab Test listed above.
 I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, Call 1-800-MEDICARE (1-800-633-422/TTY: 1-877-486-2048).

Notes or Additional Information: _____

Signing below means that you have received and understand this notice. You will also receive a copy.

 Signature of patient or person acting on patient's behalf _____
 Date