



Indiana University Health

IU Health Pathology Laboratory
 350 W. 11th Street, Rm 5013
 Indianapolis, IN 46202-4108
 317-491-6000 or 800-433-0740
 Fax: 317-491-6001

① PATIENT NAME (LAST, FIRST, M.I.)		DOB	② <input type="checkbox"/> STAT		DATE/TIME OF COLLECTION:	PHONE	
PATIENT SOCIAL SECURITY #		RACE	MR# / ALTERNATE PT. ID		AUTHORIZED CONTACT	FAX:	
PATIENT ADDRESS			PHONE		OTHER SAMPLE TYPE (PLEASE SPECIFY)		
CITY, STATE, ZIP			<input type="checkbox"/> M <input type="checkbox"/> F		④ <input type="checkbox"/> BILL SENDING FACILITY <input type="checkbox"/> BILL PATIENT OR INSURANCE		
③ PHYSICIAN SIGNATURE			ORDER DATE	PRINT PHYSICIAN NAME, FIRST, MI, LAST, JR/SR			<input type="checkbox"/> SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare)
SEND COPY TO Physician Requesting Consult				ATTACH COPY OF FACE SHEET AND INSURANCE CARD.			
Client #:	Facility:		Address:		City/State/Zip:		
Phone:	Fax:		GROUP PHYSICIANS		PRIMARY INSURANCE		
Physician Requesting Consult		COMPANY NAME			ID OR POLICY NUMBER / GROUP NUMBER/NAME		
ICD Diagnosis Codes (Enter All That Apply) ▶		INSURANCE CO. ADDRESS		CITY, STATE, ZIP		POLICY HOLDER NAME (LAST, FIRST, MI)	
		RELATIONSHIP TO PATIENT		Notice: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN). Please sign ABN on back.			

Pathology Consult

****Billing: IU Health Pathology Laboratory will bill for the requested services as indicated by the box marked above (Please complete Section 4 near the top of this form). Include patient facesheet/demographics and copy of insurance card (only if insurance bill).****

Send Copy of Report to Additional Physician:

Name:

Facility:

Address:

City/State/Zip:

Phone:

Fax:

Return slides/blocks to the following::

Name:

Facility:

Address:

City/State/Zip:

Phone:

Fax:

Enclosed:

Blocks: # Slides: # Unstained Slides: Current Pathology Report:

Internal Lab use only:

Outside Case #: Specimen Source: