

PATHOLOGY / LABORATORY

100 WOMAN'S WAY · Baton Rouge, LA 70817 TELEPHONE: 225-924-8271

PGL Pathology Group

LAB CODING DEPARTMENT FAX NUMBER: 225-922-3789

Kristin Pigott: 231-5265 VinhThanh Le: 231-5263

ACCREDITED WITH CAP, JCAHO CLIA#1900463036

Pathologists: Robert Koscick

| PHYSICIAN: | |
|-------------|--|
| FAX NUMBER: | |

| DATE: | | | |
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| ***Please complete the Physician Office Documentation section below. | | | |
| Please fax this form with updated information and provider signature to 225-922-3789.*** | | | |
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| Patient Name: | Date of Birth: | | |
| Account / MRN Number: | Date of Service: | | |
| Test(s) that need to be recoded / Insurance Denial Comments: | | | |
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| | | | |
| Comments: | | | |
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| PHYSICIAN OFFICE DOCUMENTATION: (Please Print) | | | |
| Form completed by: | Phone Number: | | |
| Change to Diagnosis Code(s): | | | |
| Physician Office Comments: | | | |
| | | | |
| ***NOTE: All diagnosis changes require a physician's signature*** | | | |
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| PHYSCIAN SIGNATURE: | Date: | | |
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