CARY DOUGHERTY CANCER DETECTION LABORATORY
OF THE WOMAN'S HOSPITAL FOUNDATION
100 WOMAN'S WAY · Baton Rouge, LA 70817
TELEPHONE: 225-924-8432

ACCREDITED WITH CAP, TJC
CLIA#1900463036
Pathologist: Drs Robert Koscick

Physician: _____

Collection Date: _____

Collection Time: _____

Outreach CDL Molecular

PATIENT INFORMATION: PLEASE PRINT ALL INFORMATION

NAME		**GENDER:** ☐ F ☐ M
ADDRESS		**E-MAIL ADDRESS**
CITY, STATE, ZIP CODE		
SOCIAL SECURITY #	**DATE OF BIRTH**	**TELEPHONE #**
LMP (First day of last menstrual period)		**WAS BX ALSO SUBMITTED?** ☐ YES ☐ NO

RADIATION?	**HORMONES?/BCP**	**IUD?**	**PREGNANT?**	**POST PARTUM?**
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PREVIOUS PAP#	**DATE**	**CIRCLE ONE:** Normal Abnormal

SOURCE OF SPECIMEN: ☐ CX-VAG ☐ VAG ☐ ENDOCERVICAL ☐ BREAST SMEAR ☐ OTHER: _____

INSURANCE INFORMATION

☐ **BILL PATIENT** ☐ **BILL MEDICARE** ** Attach copy of ABN if billing Medicare*
☐ **BILL INSURANCE / MEDICAID**- NOTE: *Attach a legible copy of both sides of the patient's insurance card(s).*

COMPLETE INSURANCE SUBSCRIBER INFORMATION BELOW:
SUBSCRIBER NAME: _____

RELATIONSHIP TO PT: _____ SS#: _____ DOB: _____

TESTING INFORMATION

PAP TESTING

NOTE: Please choose from the following options below

☐ **PAP Routine Screen**
☐ **PAP Diagnostic Screen** NOTE: These Paps indicate an underlying disease state or condition that is presently being treated.
☐ **Repeat PAP due to recent UNSAT**

☐ Pap test Only
☐ Pap test & HPV DNA testing
☐ Pap test & HPV DNA on any abnormal Pap

DIAGNOSIS CODE(S):

HPV DNA TESTING

☐ HPV DNA **Only**

DIAGNOSIS CODE(S):

STD DNA TESTING

☐ STI Profile (Chlamydia trachomatis, Neisseria gonorrhoeae and Trichomonas vaginalis)
☐ Bacterial Vaginosis profile (Candida species, Candida glabrata, Trichomonas vaginalis and Bacterial vaginosis)
☐ Expanded STI/BV Profile (Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Candida species, Candida glabrata, Bacterial vaginosis and mycoplasma genitalium)

☐	Mycoplasma genitalium only	☐	Chlamydia trachomatous only	☐	Neisseria gonorrhoeae only	☐	Trichomonas vaginalis only

DIAGNOSIS CODE(S):

OTHER TESTING

☐ HERPES DNA 1&2 Collection Instructions: Place swab in HERPES collection media.

☐	BACTERIAL VAGINOSIS PANEL (PCR)	☐	CANDIDA PANEL BASIC PANEL

DIAGNOSIS CODE(S):

Physician Signature: _____
Physician Signature required before testing.

Notifier(s): **CDL OF THE WOMAN'S HOSPITAL FOUNDATION**
POST OFFICE BOX 95009 ; BATON ROUGE, LA 70895-9009
TELEPHONE: 225-924-8432

Patient Name:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the **PAP TEST, HPV, AND STD SCREENING**, 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 **PAP TEST, HPV, AND STD SCREENING.**

TEST	Reason Medicare May Not Pay *MUST be filed out by physician's office*	CPT Code(s) HCPCS Code	Estimated Cost (2026)
☐ **PAP TEST ONLY**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**88175**	**$118.00**
☐ **HPV TESTING ONLY**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**87626**	**$155.00**
☐ **PAP TEST including HPV testing**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**88175** **87626**	**$273.00**
☐ **PAP TEST including HPV and STD testing**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**88175, 87626, 87491, 87591, 87661**	**$646.00**
☐ **Chlamydia trachomatis**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**87491**	**$106.00**
☐ **Neisseria gonorrhoeae**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**87591**	**$114.00**
☐ **Trichomonas vag**	☐ Denied as too frequent ☐ Medicare will not pay for your condition ☐ Main Reason:	**87661**	**$153.00**

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **PAP TEST, HPV, AND STD SCREENING** 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 cannot choose a box for you.

OPTION 1. I want the ☐ **PAP TEST,** ☐ **HPV, AND** ☐ **STD SCREENING** listed above.
I 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 ☐ **PAP TEST,** ☐ **HPV, AND** ☐ **STD SCREENING** listed above, but do not bill Medicare. I 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 ☐ **PAP TEST,** ☐ **HPV, AND** ☐ **STD SCREENING** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:
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** (1-800-4227/**TTY**: 1-877-486-2048).
Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	**Date:**