MOFFITT MEDICAL GROUP AT MOFFITT CANCER CENTER

Pathology Consultation Request Form

12902 Magnolia Drive, MCC – 2nd Floor, Room 2049, Tampa, Florida, 33612
Telephone 813-745-3001 Fax 813-449-6680

REFERRING PHYSICIAN & INSTITUTION INFORMATION

Referring Physician Name	Referring Physician NPI#	Referring Physician Telephone	
Institution Name	Telephone	Fax	
Address	City	State	Zip Code
Point of Contact Name	Point of Contact Email	Point of Contact Telephone	
Institution Billing Contact Name	Institution Billing Contact Email	Institution Billing Contact Telephone	

SPECIMEN INFORMATION

Accession#	# of Slides	# of Blocks	Accession#	# of Slides	# of Blocks
Accession#	# of Slides	# of Blocks	Accession#	# of Slides	# of Blocks

Hematopathology Consultation Only

☐ Bone Marrow/Peripheral Blood (Current peripheral blood values must be submitted along with any bone marrow sample for review)

☐ Lymph nodes/other tissue for lymphoma diagnosis (Submission of block or 5-10 unstained sections is generally required if IHC's confirmation is requested)

Flow Cytometry Only: ☐ Report Only ☐ Histograms/Raw Data

PATIENT INFORMATION

Last Name	First Name	MI	DOB	Sex
Street Address	City		State	Telephone

BILLING/INSURANCE INFORMATION

BILL TO: ☐ Facility/Referring Physician
☐ Patient Insurance
(Attach Patient Demographic Sheets or complete required information below)

Medicare: ☐ In Patient on DOS ☐ Out Patient on DOS ☐ Non Patient on DOS

Discharge Date ____________________

Primary Insurance Company Name		Secondary Insurance Company Name	
Primary Insurance Policy #	Primary Insurance Group #	Secondary Insurance Group #	Secondary Insurance Policy #
Name of Insured for Primary	Telephone	Name of Insured for Secondary	Telephone
Relationship to Patient	DOB	Relationship to Patient	DOB
ICD-10 CODES (Required for billing)		Insurance Pre-Authorization # (If applicable)	

This request to order tests from Moffitt Medical Group (MMG) certifies that (1) the referring physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered, (2) the referring physician has authorization from the patient as required by applicable state or federal laws permitting MMG to provide the service and report results to the referring physician and (3) referring entity is responsible for obtaining preauthorization from the payer if required. If the consultation request form is incomplete, the slides will not be reviewed until all required information is complete. If payment is denied by the patient's insurance, the ordering institution will be invoiced for the services and will be responsible for payment. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the ordering institution.

Required Referring Physician/Pathologist Signature **Date**