TO PRE-REGISTER CALL	567-6326 OR 1-9	88-922-9633					
TO PRE-REGISTER, CALL 667-6326 OR 1-888-922-9633 or www.mclaren.org/bayregion/onlinepreregistration STAT - EXPEDITE RESULTS TO:				BILLING INF PRIMARY INSURANCE ☐ MEDICARE ☐ ME	FORMATION	PATIENT IS:	
					EDICAID ELOIDEK	İ	
☐ Fax ☐ Call (Number)				INSURANCE COMPANY NAME		SUBSCRIBER SPOUSE	
PATIENT INFORMATION				INSURANCE MEMBER / ID# GROU	JP#	☐ OTHER	
PATIENT NAME				INSURANCE ADDRESS	SUBSCRIBER NAME		
FEMALE				MEDICARE / MEDICAID # SUBSCRIBER DOB			
STREET ADDRESS				SECONDARY INSURANCE MEDICARE MI	EDICAID OTHER	PATIENT IS:	
				INSURANCE COMPANY NAME		☐ SUBSCRIBER	
CITY STATE ZIP CODE			INSURANCE MEMBER / ID# GROU	JP #	□ SPOUSE		
				INSURANCE ADDRESS SUBSCRIBER NAME		☐ OTHER	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RTH PATIENT TELEPHONE NUMBER		MEDICARE / MEDICAID #		SUBSCRIBER DOB	
ICD CODES ARE REQUIRED FOR INSURANCE BILLING, THE CODES PROVIDED ARE NOT ALL-INCLUSIVE; CONSULT THE ICD-10 MANUAL FOR A COMPLETE LISTING.							
□ R87.619 Abnormal Previous Pap □ C67.9 Bladder Cancer □ N40.0 Benign Prostatic Hypertrophy □ D17.9 Lipoma □ N95.0 Bleeding Post Menopausal □ Z39.2 Postpartum □ N60.09 Breast Cyst (Solitary) □ Z33.1 Pregnancy □ N87.9 Cervical Dysplasia, NOS □ N40.2 Prostatic Nodule □ N72 Cervicitis & Endocervicitis □ Z12.4 Routine PAP □ K52.89 Digestive Organ, Colitis □ Z12.4 Diagnostic PAP □ N93.8 Dysfunctional Uterine Bleed □ Skin, Basal Cell Carcinoma □ Z85.51 HX Bladder Cancer □ Skin, Squarmous Cell Carcinoma □ Z11.51 HPV Screening □ R31.9 Hematuria □ Other □ Z36.85 Group B Strep So				L72.3 N39.0 R87.61 N76.0 N76.1 Aa, Site: N77.1 Cinome, Site: B07.9	Skin, Benign Neopla Skin, Cyst UTI 5 Unsatisfactory PAP Vaginal Discharge Vaginitis Acute Vaginitis Subacute & Vaginitis, Vulritis, & In Diseases Classifier Viral Wart, Unspecif Anogenital Warts	α Chronic Vulvovaginitis d Elsewhere	
PATIENT'S NAME AND BIRTHDATE REQUIRED ON ALL SLIDES AND CONTAINERS							
GYN CYTOLOGY				NON GYN CYTOLOGY/HISTOLOGY			
PAP, LIQUID BASED W/REFLEX HPV TESTING (HIGH RISK HPV WILL BE PERFORMED ON ASC-US INTERPRETATION) PAP, LIQUID BASED PAP, LIQUID BASED AND HIGH RISK HPV TESTING (CO-TESTING FOR PATIENTS AGE 30 AND OVER) PAP, CONVENTIONAL SMEAR SOURCE: (REQUIRED) □ Cervical □ Endocervical □ Vaginal CLINICAL HISTORY: (PERTINENT HISTORY REQUIRED) LMP Date: □ Check all that apply: □ Hormones, oral contraceptives □ Radiation / Chemo [†] date: □ Cheromone Therapy □ GYN Surgery date: □ Chysterectomy □ Prey. Abnormal Pap date: □ Pregnant □ Post Partum □ Post Menopausal Post Menopausal				NON-GYN CYTOLOGY: RESPIRATORY Bronch Brush Rt Lt Urine, voided Bronch Wash Rt Lt Bladder wash FINE NEEDLE ASP./SOURCE BIOPSY/HISTOLOGY: BIOPSY/SOURCE (BE SPECIFIC) HISTORY AND IMPRESSION			
ADDITIONAL TESTING: HIGH RISK HPV TEST			COPY OF REPORT TO: PHYSICIAN ADDRESS:				
SIGNATURE V		1					

MCLAREN BAY REGION LABORATORY PHONE (989) 894-3752 FAX (989) 894-5744

•TESTS MAY REQUIRE ADVANCED BENEFICIARY NOTICE



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