U I D L
U I Diagnostic Laboratories

DERMATOPATHOLOGY CONSULT REQUISITION

UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, Iowa 52242
Toll Free: 866-844-2522
Local: 319-384-7212
Fax: 319-384-7213

FOR CLIENT USE ONLY: Requisition Date:_____
Completed By: Accn#

FOR UIDL USE ONLY: UIDL Path #_____
UIDL MRN#

PART A - PATIENT INFORMATION - *Required*

Patient Name:

Street:

City: St: Zip:

Phone: ( )

Date of Birth: Gender: ☐M ☐F

PART B - PROVIDER INFORMATION - *Required*

Phone: Fax:

Referring Provider:

Referring Provider NPI:

PART C - SPECIMEN INFORMATION

MATERIALS SUBMITTED: ____ **SLIDES** ____ **BLOCKS** ____ **WET TISSUE** ____ **FROZEN TISSUE** ____ **OTHER** Specify source below

Required ICD-9 codes: 1._____ 2. _____ 3._____ **DATE OF COLLECTION:** _____

TISSUE SOURCE/SITE: _____

_____

_____

CONSULTATION REQUESTED: (All consultations include interpretation)

☐ DERMATOPATHOLOGY ☐ IMMUNOPATHOLOGY

PERTINENT CLINICAL HISTORY AND FINDINGS: _____

_____

_____

CLINICAL DIFFERENTIAL DIAGNOSIS: _____

_____

_____

PART D - SEND BILL TO:

☐ **Referring Institution**

☐ **Patient's Insurance** (Complete billing information must be provided or referring institution may be billed)
(*Required information is in red*)

Primary Insurance Coverage Information
Insured by: _____
Claims Address: _____
City :_____ST:___ ZIP:_____
Policy/ID #: _____ Group #: _____
Name of Subscriber: _____DOB:_____
Relationship to Patient: _____

Secondary Insurance Coverage Information
Insured by: _____
Claims Address: _____
City :_____ ST:_____ Zip: _____
Policy/ID #: _____ Group #: _____
Name of Subscriber: _____DOB:_____
Relationship to Patient: _____

Please note that the **correct birth date of all policy holders** is required information. Please attach the following to the requisition:

(1) a copy of the front/back of patient's insurance card(s). Please designate primary vs. secondary/tertiary coverage.

OR

(2) a printout with patient demographics and insurance information from your practice management system.

Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test.

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens. *DPR 05/08*