ANATOMIC PATHOLOGY
Peninsula Pathology Institute
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Soldotna AK 99669
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CLIA No: 02D0959385

HOSPITAL INPATIENT or OUTPATIENT IDENTIFICATION

SURGICAL TISSUE EXAMINATION

CLINIC OUTPATIENT IDENTIFICATION (complete all sections)

LAST NAME_____

FIRST _____ M.I._____

ADDRESS_____

CITY_____ STATE _____ ZIP _____

DOB_____AGE_____SEX_____

SOCIAL SECURITY NUMBER_____
Please provide copy of insurance card front & back, or complete following:

MEDICARE/MEDICAID #_____
INSURANCE COMPANY_____ POLICY #_____
POLICY GROUP #_____HOLDER_____

BOTH INPATIENTS AND OUTPATIENTS:

ATTENDING PHYSICIAN _____ **SURGEON**_____

DATE AND TIME COLLECTED _____ **SPECIMEN SUBMITTED BY** _____

ADDITIONAL COPIES OF THE REPORT TO: _____

Anatomic Site or Source of Specimen and Procedure:

_____

Brief Clinical History (symptom, sign or diagnosis – reason for exam [required by Medicare/Medicaid prior to processing specimen] include duration of lesion and rapidity of growth, if a neoplasm). History of previous malignancy, risk factors, previous treatments (radiation, etc):

_____

Preoperative diagnosis or differential diagnosis: ☐ Same as above.

_____

Operative findings: ☐ Same as above.

_____

Clinician's postoperative diagnosis: ☐ Same as above.

_____

Physician's signature: ***(Mandatory)***

BE SURE TO HAVE THE PATIENT SIGN THE BACK PAGE.

PENINSULA PATHOLOGY USE ONLY:

Accession number _____ Date and Time Received _____

PPI-APOI 21 Att I: Revised: 06-07-99; 07-13-99; 07-05-01; 01-24-05; 10-20-09, 04/11/14; 01/29/16 cl

AUTHORIZATION FOR DIRECT PAYMENT OF INSURANCE BENEFITS TO THE PATHOLOGIST:
The undersigned authorizes whether he/she she signs as agent or as patient, direct payment to the pathologist rendering services associated with this pathology charge of any insurance benefits otherwise payable to the undersigned for this pathology service.

_____ _____
Signature of Patient, *Guardian or Legal Representative Date/Time

- ○ Patient is a minor, _____ years of age;
- ○ Patient's medical condition prevents signing;
- ○ Other: _____

_____ _____
Signature of Witness Date/Time