

Philip E. LeBoit, MD, Division Chief; Jeffrey P. North, MD, Managing Director

Boris C. Bastian, MD; M. Kari Connolly, MD  
 Kyle B. Jones, DDS, PhD; Richard C. Jordan, DDS, PhD  
 Thaddeus W. Mully, MD; Laura B. Pincus MD;  
 Michael T. Tetzlaff MD, PhD; Iwei Yeh, MD, PhD

**1701 DIVISADERO STREET, ROOM 280  
 SAN FRANCISCO, CA 94115**

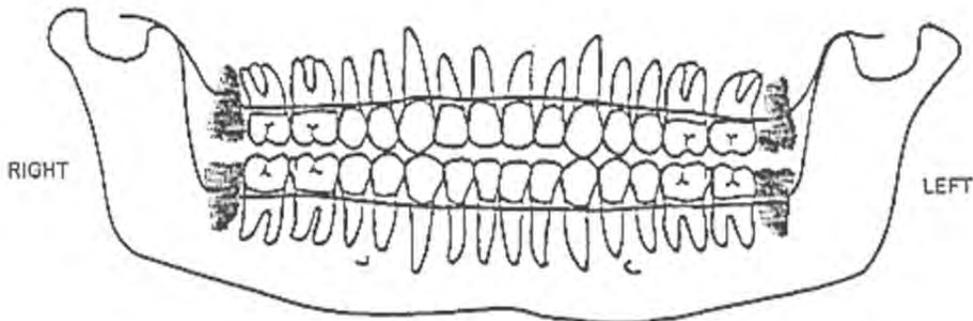
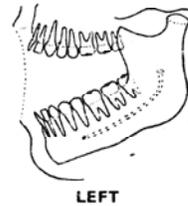
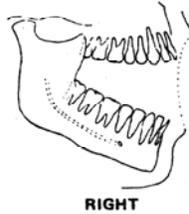
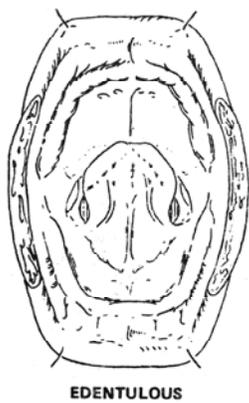
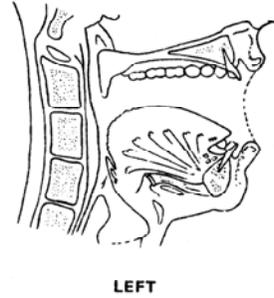
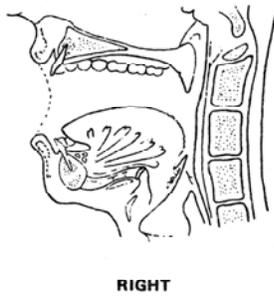
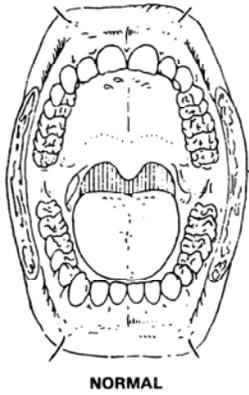
TEL: 415-353-7546 TOLL-FREE: 800-497-0244 FAX: 415-353-7543  
**Website: <http://dermpath.ucsf.edu> Email: [DPinfo@ucsf.edu](mailto:DPinfo@ucsf.edu)**  
 CLIA ID # 05D0669292

<b>SUBMITTING CLINICIAN:</b> (PLEASE PRINT)	<b>SEND COPIES TO:</b> (PLEASE INCLUDE ADDRESS, PHONE AND FAX NO.)
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<b>PATIENT INFORMATION – REQUIRED</b>		<b>DATE OF SERVICE:</b> _____
<b>NAME (FIRST)</b>	<b>(LAST)</b>	<b>YOUR PATIENT ACCT NO.:</b> _____
<b>DATE OF BIRTH</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<b>PLACE OF SERVICE:</b> (PLEASE CHECK ONE)
<b>PATIENT ADDRESS (NO PO BOX)</b>		<input type="checkbox"/> Clinician office (11)
<b>CITY, STATE, ZIP CODE</b>		<input type="checkbox"/> Hospital inpatient (21) <i>Name</i> _____
<b>PHONE NUMBER</b>		<input type="checkbox"/> Hospital outpatient (22) <i>Name</i> _____
		<input type="checkbox"/> Other _____
		<b>BILLING INFORMATION:</b> (PLEASE CHECK ONE)
		<input type="checkbox"/> Bill insurance - <i>Provide copy of card and authorization as needed</i>
		<input type="checkbox"/> Bill patient
		<input type="checkbox"/> Bill submitting clinician

<b>SPECIMEN TYPE (CHECK ONE)</b>	<b>FINDINGS &amp; INSTRUCTIONS (USE EXTRA SHEETS FOR ADDITIONAL SPECIMENS)</b>
<b>SPECIMEN A:</b> <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> Slide Consult <input type="checkbox"/> Direct IF (Skin/Mucosa) <input type="checkbox"/> Indirect IF (Serum)	<b>SITE:</b> <hr/> <b>CLINICAL FINDINGS:</b>
<b>SPECIMEN B:</b> <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> Slide Consult <input type="checkbox"/> Direct IF (Skin/Mucosa) <input type="checkbox"/> Indirect IF (Serum)	<b>SITE:</b> <hr/> <b>CLINICAL FINDINGS:</b>
<b>SPECIMEN C:</b> <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> Slide Consult <input type="checkbox"/> Direct IF (Skin/Mucosa) <input type="checkbox"/> Indirect IF (Serum)	<b>SITE:</b> <hr/> <b>CLINICAL FINDINGS:</b>

<b>PATIENT INFORMATION - REQUIRED</b>		
Name: (First)		(Last)
Date of Birth:	Date Of Service:	Requisition No.:



Please tear off this sheet and give it to your patient

## Patient Information about Pathology Billing

Your biopsy specimen is being sent to UCSF Dermatopathology and Oral Pathology Service for microscopic examination, diagnosis and reporting.

The fee for this laboratory service is NOT included in the service you received today.

### **What information is required from me?**

Please be sure your clinician has your updated insurance and demographic information.

### **Will my insurance be billed for this service?**

Yes, we will bill your medical and/or dental insurance. Medical insurance is billed first when available and we accept most major PPO plans. HMO/EPO policies will require prior-authorization.

### **Why do you need my medical insurance?**

Laboratory services are a medical benefit and are usually covered by your medical insurance.

### **What amount do I have to pay?**

Co-insurance, co-payment and deductibles are determined by your insurance plan and are your responsibility.

### **How will I know that my insurance was billed?**

The information we received from your visit should be reflected on your statement along with any payments and adjustments made by your insurance plan.

### **When is my payment due?**

Payment is due upon receipt of the statement.

### **What if I don't understand my statement?**

If you have questions about what appears on your statement, please call our billing agent using the number that appears on your statement.

### **Do you offer financial assistance?**

If you're facing financial hardship, we encourage you to apply for government programs that may be of assistance. If you don't qualify for those programs, or if you have substantial financial liabilities despite having insurance, you may qualify for our Financial Assistance program. Please notify your clinician and give UCSF Dermatopathology & Oral Pathology Service a call at 415-353-7546.