

DATE COLLECTED ____/____/____ TIME COLLECTED: _____

BILL: INSURANCE PATIENT

PATIENT INFORMATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS			APT. #	
CITY		STATE	ZIP CODE	
PHONE NUMBER				
DATE OF BIRTH	AGE	SEX	PATIENT ID	

PRIMARY INSURANCE (ATTACH A COPY OF INSURANCE CARD – BOTH SIDES)

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: Self Spouse Dependent

INSURANCE NAME

ADDRESS

CITY STATE ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / / GROUP/CONTRACT # MEMBER ID #

SUBSCRIBER SEX: Male Female MEDICARE ID # MEDICAID ID #

SECONDARY INSURANCE (ATTACH A COPY OF INSURANCE CARD – BOTH SIDES)

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: Self Spouse Dependent

INSURANCE NAME

ADDRESS

CITY STATE ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / / GROUP/CONTRACT # MEMBER ID #

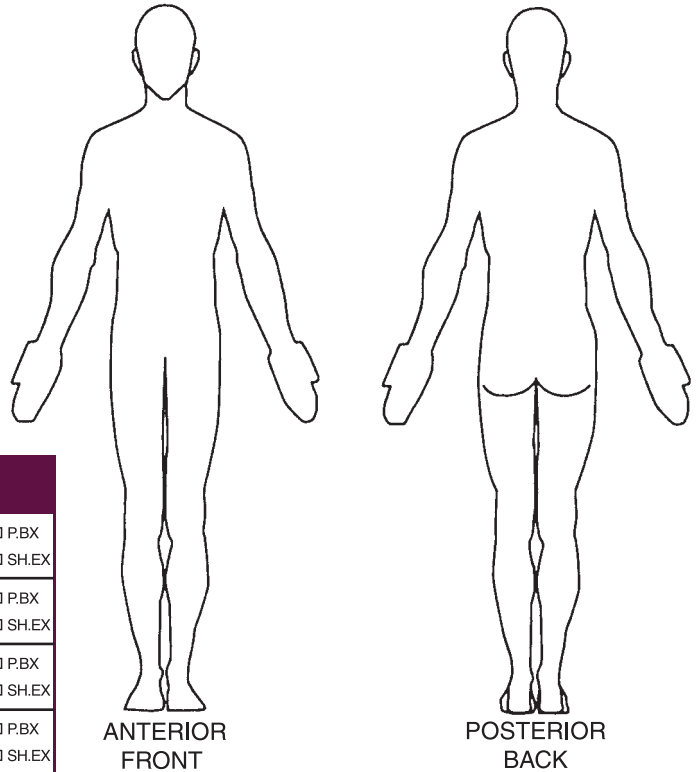
SUBSCRIBER SEX: Male Female MEDICARE ID # MEDICAID ID #

SPECIMEN SITE	MARG	SURGICAL PATHOLOGY PRE/POST-OP DIAGNOSIS	
1. Name: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> BX <input type="checkbox"/> P.BX <input type="checkbox"/> EX <input type="checkbox"/> SH.EX
2. Name: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> BX <input type="checkbox"/> P.BX <input type="checkbox"/> EX <input type="checkbox"/> SH.EX
3. Name: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> BX <input type="checkbox"/> P.BX <input type="checkbox"/> EX <input type="checkbox"/> SH.EX
4. Name: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> BX <input type="checkbox"/> P.BX <input type="checkbox"/> EX <input type="checkbox"/> SH.EX

PHYSICIAN/CLINIC INFORMATION

LAB
USE
ONLY

PLEASE INDICATE SITE WITH CORRESPONDING SPECIMEN NUMBER



ADDITIONAL CLINICAL INFORMATION / DIAGNOSIS CODES (IF A CLINICAL IMAGE IS AVAILABLE PLEASE PRINT AND ATTACH)

PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.

SIGNATURE REQUIRED _____

PATIENT SIGNATURE

I authorize Bako Diagnostics to bill my insurance.

SIGNATURE _____ DATE ____/____/____

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME, SITE, AND BARCODED LABEL

Specimen Site 1

Specimen Site 2

Specimen Site 3

Specimen Site 4

Name

Name

Name

Name