MyPath Dx LABORATORY

3333 Henry Hudson Parkway
Medical Suite 6
Bronx, New York 10463

REQUIRED ITEMS

1. Clinical Information 2. ICD 10 Codes 3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information) 4. Provider's Signature

PATIENT INFORMATION

Last Name ______________________________

First Name ______________________ M.I. __________

DOB ______/______/______ Gender: ☐ Male ☐ Female ☐ Other __________

Address ______________________________

City ________________ State________ Zip ____________

Phone ________________ Patient ID ____________

PROVIDER INFORMATION

Authorized Provider Signature Date

Please Fax Duplicate Report to Additional Provider Fax

BILLING INFORMATION

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp

Patient Status: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient

Insurance Information: ☐ See attached

Insured Information: Name

Relationship to Patient (circle one) Self Spouse Child Other:__________

Primary Insurance Co: Authorization #

Billing Address Insured #

Billing City, State, Zip Group #

Secondary Insurance Co: Authorization #

Billing Address Insured #

Billing City, State, Zip Group #

CLINICAL DATA (Check all that apply)

Collection Date:______________ ☐ A.M. ☐ P.M. ☐ See Previous Case History

☐ Bleeding ______________ ☐ Nausea ☐ Weight Loss

☐ Dysphagia ☐ Heme Positive Stool ☐ Diarrhea

☐ Pain ______________ ☐ Iron Deficient Anemia ☐ Reflux Esophagitis

☐ History of Barrett's Esophagus

☐ Personal History of Cancer ______________

☐ Other: ______________

All diagnoses should be provided by the ordering physician or his or her authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

REQUIRED INFORMATION

ICD-CM		ICD-CM		ICD-CM	

SPECIAL INDICATIONS

UPPER GI

☐ R/O Celiac Disease ☐ R/O Dysplasia ☐ R/O Eosinophillic Esophagitis ☐ R/O Giardia ☐ R/O H. Pylori ☐ R/O Malignancy ☐ Other: ______________

LOWER GI

Surveillance Colonoscopy for: ☐ Colitis ☐ Neoplasm ☐ Polyp

☐ R/O Chrohn's Disease ☐ R/O Dysplasia ☐ R/O Malignancy ☐ R/O Microscopic Colitis ☐ R/O Parasites ☐ R/O Ulcerative Colitis ☐ R/O Idiopathic Inflammatory Bowel Disease

BIOPSY SPECIMENS (FOR MORE TESTING INFORMATION VISIT WWW.MYPATHDX.COM)

Specimen	Type	Esophagus	Stomach/Duodenum	Intestines/Anus	Endoscopic Finding Code
1	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
2	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
3	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
4	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
5	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
6	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
7	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	
8	☐ Biopsy ☐ Mass ☐ Polypectomy ☐ Random	☐ GE Junction ☐ ________ cm	☐ Cardia ☐ Antrum ☐ Fundus/Body ☐ Duodenum	☐ Jejunum ☐ Ascending ☐ Sigmoid ☐ Ilium ☐ Transverse ☐ Rectum ☐ Cecum ☐ Descending ☐ Anus	

ADDITIONAL SPECIMENS

LABORATORY USE ONLY