UNIVERSITY OF MICHIGAN

ORAL PATHOLOGY BIOPSY SERVICE

U-M School of Dentistry
1011 N University Ave G018
Ann Arbor, MI 48109-1078
(734) 764-1535
(800) 358-1011
FAX (734) 764-2469
e-mail: umoralpath@umich.edu | web: www.dent.umich.edu/pom

Oral Pathology Laboratory Use

Accession Number	Date Received

PATIENT

Last Name | First Name | MI

Street Address

City, State, Zip

Birth Date | Social Security Number

☐ Female ☐ Male | Phone 1

Race/Ethnicity | Phone 2

If **Payment Information** is included, we will submit a claim for your patient.

Page 2 is the "Billing Policy and Agreement to Pay for Services" form (patient signature required). Include a signed copy of Page 2 with this form for our records.

For BCBS PPO patients, fill out and submit the PPO form (available on line *www.dent.umich.edu/biopsyforms)*.

PAYMENT INFORMATION

HMO PATIENTS: Insurance may require referral letter or authorization code

BCBS PPO PATIENTS: Include PPO form with biopsy

BILL TO: ☐ Patient ☐ Medical Insurance ☐ Medicare/Medicaid

Enter insurance information or attach a legible copy of Medical insurance, Medicare and/or Medicaid cards (front and back).

Primary Insurance	Secondary Insurance
PATIENT IS: ☐ Policy Holder ☐ Dependent ☐ Spouse	PATIENT IS: ☐ Policy Holder ☐ Dependent ☐ Spouse
Policy Holder (if not the patient)	Policy Holder (if not the patient)
Policy Holder's Birth Date	Policy Holder's Birth Date
Insurance Company (Medical insurance, Medicaid or Medicare)	Insurance Company (Medical insurance, Medicaid or Medicare)
Subscriber ID or Contract number with alphabetical prefix or suffix	Subscriber ID or Contract number with alphabetical prefix or suffix
Group #	Group #

DOCTOR

If we already have the doctor's information on file, **Doctor Name** and **Street Address** is sufficient.

Date of Biopsy	Doctor Name	Phone
☐ X-Ray Enclosed	Street Address	Fax
☐ Clinical Photo Enclosed	City, State, Zip	E-mail

Clinical History: _____

_____

_____

Location: _____

Clinical Diagnosis: _____

Clinical Procedure: ☐ Apicoectomy ☐ Curettage ☐ Enucleation ☐ Excision ☐ Extraction ☐ Incision ☐ Punch ☐ Retrofill Other: ☐

Oral Pathology Laboratory Use

UNIVERSITY OF MICHIGAN

ORAL PATHOLOGY BIOPSY SERVICE
U-M School of Dentistry

For all account & billing questions:
APS Medical Billing
Toll free phone: 800-678-1861

Patient Billing Policy & Agreement to Pay for Services

Patient Notice of Billing Policy. As a result of evaluation by your dentist or physician a specimen is being sent to us for an oral pathologist's diagnosis.

Our fee for the diagnosis of your biopsy is separate from your dentist's or physician's fee for the biopsy procedure. The diagnosis of your biopsy is a **medical** (not dental) procedure. If your medical insurance information is included with your biopsy**,** we will submit a claim for you.

If there is a balance due on your account, you will receive a statement. Please check with your insurance carrier. They may require a referral letter, PPO form, or prior authorization code from your primary physician.

For questions concerning the bill and/or payment arrangements for your biopsy, please contact:

APS Medical Billing
Toll free phone: 800-678-1861

Patient Agreement to Pay for Services. In the event that my medical health insurance and/or Medicare/ Medicaid does not pay for laboratory, diagnostic, and any other fees, I understand and agree that I will be responsible for payment in full to the University of Michigan Oral Pathology Biopsy Service.

Signature Required Below:

Print Patient Name	If patient is a minor, print Parent/Guardian Name
Signature (Patient, Parent/Guardian)	Date

Please provide a copy of this page to your patient, and a signed copy to us for our records.