97001

CLIENT NAME

SKIN PATHOLOGY
Associates, LLC
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James E. Elder, M.D. Anne H. Bussian, M.D. Kristopher M. McKay, M.D.
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PATIENT INFORMATION

PATIENT'S LEGAL NAME (LAST) *PLEASE PRINT* (FIRST) (MI)	BIRTHDATE MO. DAY YR.	RACE	MARITAL STATUS S M D W	SEX

*PATIENT'S SOCIAL SECURITY NO.	CHART # / PATIENT I.D.	REQUESTING PHYSICIAN	DIAGNOSIS CODE

BILLING & INSURANCE

TYPE OF BILLING

- ❑ ACCOUNT / DOCTOR
- ❑ PATIENT
- ❑ MEDICARE
- ❑ UMW MEDICARE
- ❑ RR MEDICARE
- ❑ BLUE CROSS
  STATE _____
- ❑ HMO / PPO
- ❑ COMMERCIAL INS.
- ❑ MEDICAID
  STATE _____
- ❑ WORKMAN'S COMPENSATION

*RESPONSIBLE PARTY / POLICY HOLDER	*DATE OF BIRTH	*RESPONSIBLE PARTY SOCIAL SECURITY NUMBER

*RESPONSIBLE PARTY BILLING ADDRESS	CITY	STATE	ZIP CODE

*RESPONSIBLE PARTY TELEPHONE NUMBER	RELATIONSHIP TO INSURED ❑ SELF ❑ SPOUSE ❑ OTHER

*RESPONSIBLE PARTY PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS	BUSINESS TELEPHONE

* PRIMARY INSURANCE COMPANY NAME & BILLING ADDRESS	* SECONDARY INSURANCE COMPANY NAME & BILLING ADDRESS
NAME STREET POB CITY ST ZIP PHONE#	NAME STREET POB CITY ST ZIP PHONE#

**CONTRACT/INSURANCE ID #	**GROUP NO.	**CONTRACT/INSURANCE ID #	**GROUP NO.

CLINICAL INFORMATION

SITE	CHECK	MARGINS	ED&C	CLINICAL DIAGNOSIS, HISTORY - PREVIOUS BIOPSY
A.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	❑ x___	
B.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	❑ x___	
C.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	❑ x___	
D.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	❑ x___	
E.	Tangential ❑ Punch ❑ Excision ❑ Curettage ❑	❑	❑ x___	

DATE COLLECTED MO.	DAY	YR.

PREVIOUS PATHOLOGY NO ❑ YES ❑

PHYSICIAN SIGNATURE: _____

A 97001	B 97001	C 97001	D 97001	E 97001
PATIENT NAME _____	PATIENT NAME _____	PATIENT NAME _____	PATIENT NAME _____	PATIENT NAME _____

MARGINAL WORD POSITION

APTCO (205) 979-9494
C-422876