

GASTROINTESTINAL PATHOLOGY REQUISITION



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1. Complete the requisition with all requested information. 2. Clearly print the patient name on the label (do not write on the barcode).

3. Place one label on each specimen container (not the lid). 4. Please discard unused vials.

	Specimen:	Specimen:	
	Specimen: GI15001 NAME	Specimen: SI15001	GI15001 NAME



Bellingham Laboratory

3560 Meridian Street, Suite 101 Bellingham, WA 98225 360.527.4580

Dallas Laboratory 6221 Riverside Drive, Suite 119 Irving, TX 75039 877.232.9924

www.averodx.com

A. Notifier:		
B. Patient Name:	C. Identification Num	nber:
ADVANCE BENEFIC	ARY NOTICE OF NON-COVERAGE (ABN)
NOTE: If Medicare doesn't pay for D Medicare does not pay for everything, even some care that you or :	your health care provider have good reasor	below, you may have to pay. n to think you need. We expect Medicare may
not pay for the D.		below.
D.	E. Reason Medicare May Not Pay	F. Estimated Cost
 WHAT YOU NEED TO DO NOW: Read this notice, so you can make an informed decision abou Ask us any questions that you may have after you finish readin Choose an option below about whether to receive the D	ng. y other insurance that you might have, but	listed above. Medicare cannot require us to do this.
G. OPTIONS: Check only one box. We cannot choose a box for	you.	
OPTION 1. I want the D. Medicare billed for an official decision on payment, which is s pay, I am responsible for payment, but I can appeal to Medica payments I made to you, less co-pays or deductibles.	ent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't
OPTION 2. I want the D		re, but do not bill Medicare. You may ask to be
OPTION 3. I don't want the D responsible for payment, and I cannot appeal to see if Medica		e. I understand with this choice I am not
H. ADDITIONAL INFORMATION: This notice gives our opinion, not an official Medicare decision.	If you have other questions on this notice	or Medicare billing, call 1-800-MEDICARE

(1-800-633-4227 / TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature	J. Date

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

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