



**Academy of
Skin Pathology**

6944 N. Hanley Rd. St. Louis, MO 63042

REQUEST FOR CONSULTATION

referring physician

consultation no. (ASP use only)

street address

phone

city / state / zip

fax

UPIN (required for Medicare billing)

PATIENT INFORMATION

patient name and address:

date of birth

Medicare HIC number with alpha characters

OTHER THIRD PARTY:

provider insurance company

phone

address

city / state / zip

provider group

patient ID no..

group no.

subscriber ID no.

authorization no.

insured's name (if different from patient)

employer address

phone

physician 's signature

ICD-9 diagnostic code

BILLING INSTRUCTIONS

referring physician

patient

HISTORY AND OTHER PERTINENT INFORMATION

Slide number and biopsy site(s):

Return slide?

yes

no

KINDLY PROVIDE ALL INFORMATION & PACKAGE WITH SLIDE PROTECTION