



PATIENT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

SEX

DATE OF BIRTH

SOCIAL SECURITY NO.

SPECIMEN(S):

SPECIMEN DATE:

SURGEON SIGNATURE:

CLINICAL INFORMATION:

PATH #

BREAST SPECIMEN:

OUT OF PATIENT TIME:

IN FORMALIN TIME:

SURGICAL PATHOLOGY

INSURANCE	EMPLOYER	MEDICARE #	(SUFFIX)
	NAME OF POLICY HOLDER (IF OTHER THAN PATIENT)	MEDICAID #	
	RELATIONSHIP TO PATIENT	BLUE CROSS / BLUE SHIELD SUBSCRIBER #	
	ADDRESS	OTHER INSURANCE (NAME)	
	CITY	STATE	ZIP

P.O.S.	ICD	CPT4	
<input type="checkbox"/> IP		88300	
<input type="checkbox"/> OP		88302	
<input type="checkbox"/> ER		88304	
<input type="checkbox"/> DO		88305	
<input type="checkbox"/> NVS		88307	
		88309	
		88311	
		88312	
		88313	
		88331	
		88342	
		85097	
	CPT MODIFIER		

Waterbury Hospital

WATERBURY HOSPITAL SURGICAL PATHOLOGY



WaterburyHEALTH
64 Robinson Street
Waterbury, CT 06708

Waterbury Hospital, Waterbury, CT

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	ADDRESS	OTHER INSURANCE (NAME)	
	CITY STATE ZIP	GROUP #	CONTACT #

- P.O.S.
- IP
- OP
- ER
- DO
- NVS

ICD	CPT4	
	88300	
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	88304	
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