## PATIENT MEDICAL INSURANCE INFORMATION

**UAB Oral & Maxillofacial Pathology Biopsy Service** 

General billing questions (205) 975-0045

Name	Date of Birth	Social Security Number
Address	Sex	
Street City / State / Zip		
	Movital Status	
Telephone Number	Marital Status	
Medical Insurance Company - Primary	Medical Insurance Company - Secondary	Referring Physician/Dentist
Policy Number & Group Number	Policy Number & Group Number	Phone Number / Fax Number
Name of Policy Holder	Name of Policy Holder	NPI
Policy Holder's Address	Policy Holder's Address	
Street	Street	
City / State / Zip	City / State / Zip	



Address for UPS & FedEx:
NP3501 1802 6<sup>Th</sup> Avenue South, Birmingham AL 35249
US Postal address: 1802 6<sup>th</sup> Ave South, NP 3518 Birmingham, AL 35249-4550
For general Oral Pathology questions please call (205) 934-3380
Requests for Supplies (205) 934-4977;
General Billing/Insurance Questions (205) 975-0045

Lab Use Only Place Label Here

## REQUEST FOR PATHOLOGIC EXAMINATION

Patient's Name (Please print)	Last	First	Middle Initial	Telephone	
Address:					
Street		Apt #	City	St	Zip
Sex:	DOB:	SSN:			
Date of Biopsy:	:		Specimen Site: _		
CLINICAL HIST	ORY: Brief descripti	ion of lesion (ons	et, course, clinical app	oearance).	
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CLINICAL DIAG	BNOSIS:				
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CLINICAL DIAG	inosis:		<b>"""""</b> aaaaaaaaaaaa		aa'''
	SNOSIS: vsician's Name			naaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	aa'"'
Dentist or Phy	vsician's Name			NPI	aa'"'
Dentist or Phy	rsician's Name Please fill out th	e information	n in print in the bo	NPI ox below.	
Dentist or Phy MPORTANT:	vsician's Name	e information	Dr. Name: Specialty:	NPI ox below.	
Dentist or Phy MPORTANT: Do you need sup Form	vsician's Name Please fill out th	ne information	Dr. Name: Specialty:	NPI ox below.	
Dentist or Phy MPORTANT: I Do you need sup Form Immu	rsician's Name Please fill out th oplies? Check all the alin Bottles unofluorescence I	— '""""  ne informatior  nat apply:  Medium (Mich	Dr. Name: Specialty: Address:	NPI  ox below.	
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