

PATIENT MEDICAL INSURANCE INFORMATION

UAB Oral & Maxillofacial Pathology Biopsy Service

General billing questions (205) 975-0045

Name
Address
Street
City / State / Zip

Date of Birth
Sex

Social Security Number

Telephone Number

Marital Status

Medical Insurance Company - Primary
Policy Number & Group Number
Name of Policy Holder
Policy Holder's Address
Street
City / State / Zip

Medical Insurance Company - Secondary
Policy Number & Group Number
Name of Policy Holder
Policy Holder's Address
Street
City / State / Zip

Referring Physician/Dentist
Phone Number / Fax Number
NPI



Oral & Maxillofacial Pathology

Address for UPS & FedEx:

NP3501 1802 6th Avenue South, Birmingham AL 35249

US Postal address: 1802 6th 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 HISTORY: Brief description of lesion (onset, course, clinical appearance).

CLINICAL DIAGNOSIS: _____

Dentist or Physician's Name

*****'aa'*****

NPI

IMPORTANT: Please fill out the information in print in the box below.

Do you need supplies? Check all that apply:

- ☐ Formalin Bottles
- ☐ Immunofluorescence Medium (Michele's)
- ☐ Request for Pathological Exam Forms
- ☐ Patient Insurance Information Forms
- ☐ Pre-Addressed Mailers/bags

Dr. Name: _____
Specialty: _____
Address: _____

Phone: _____
Fax: _____
Email: _____