



SIBLEY MEMORIAL HOSPITAL

JOHNS HOPKINS MEDICINE

Department of Pathology
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PATHOLOGY CONSULTATION **Patient Demographic and Billing Form**

Please fill out the information below and print this form.

Select one: _____ Date of Service: _____

Bill Institution:

Referring physician's name:		NPI#
Address:		City:
State:	Country:	Zip Code:
Phone:	Fax:	Email:
Patient's name and date of birth:		

Bill Patient:

Name:		
Address:		City:
State:	Country:	Zip Code:
Phone:	Fax:	E-Mail:
SSN	Date of Birth: mm/dd/yyyy	Sex: M / F

For Internal Use Only

Admitting physician: Julie C. Fanburg-Smith, MD Thomas A. Fleury, MD



Bill patient's primary insurance. **Medicare patients, please list secondary insurance.**

Company:		Phone:	
Address:		Name of Insured:	
Address of insured:			
Policy Number:	Group Number:	Effective Date:	
Referring Physician NPI#	: Fax:	E-Mail:	

Consult requested by: Pathologist Clinician Patient Other:

Patient clinical history: Sex: M / F: _____ Age: _____

Tumor size: _____ cm. Anatomic location and depth: _____

Reason for consultation:

Specific questions

Working diagnosis

MATERIAL SUBMITTED:

- Slides: (specify cases numbers and number of slides submitted)
- Blocks: (specify case numbers and number of blocks submitted)
- Recuts (may be retained by SMH)
- Radiologic Imaging (CD or Hard Films)
- Other:

Which material can be retained by us?

Which material needs to be returned to you?

Note: patient and/or insurance provider may be contacted.
Pricing or billing info please contact Bill Ford at: gford@sibley.org