I, ____________________________, will be receiving services today with _________________________, that will require Pathology Services through Allied Diagnostic Pathology Consultants. I understand that I will be accountable for payment of these pathology services within 30 days of receipt of invoice. The following is the estimated cost of services for the procedure I am pursuing at Advanced Plastic Surgery Center:

Surgical Biopsy (88305/88304) (ea site) - $100.00

Surgical Biopsy Mass/Tumor (88307)) (ea site) – $300.00

On-Site Frozen Assessment (ea site/ea section)- $360.00 – determined upon case review

Specialty Stains (88342/88341/88313/88312)- $115.00 per stain – determined upon case review

*The above price listed is per specimen assessed.
* No additional testing/analysis will be conducted on the patient's case without full payment in advance.

Signature of patient or guardian Date

701 N. Clayton Street MSB, Suite 301 Wilmington, DE 19805
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