ALLIED PATHOLOGY

*Let us make it easy for you*

## Self Pay Acknowledgement Form

I, _____, will be receiving services today from_____ that will require pathology services through Allied Diagnostic Pathology Consultants. I understand that I will be responsible for payment of these pathology services within thirty (30) days of receipt of statement.

On-site assessment will require a $100 deposit.
(check payable to **Allied Diagnostic Pathology Consultants**)

The following are the estimated costs of pathology services for the procedure I am receiving today:

Surgical biopsy (88304/88305) (ea site) --- $100 x ____ = $_____

Surgical biopsy mass/tumor (88307) (ea site) --- $300 x ____ = $_____

On-site frozen assessment (ea site/ea section) --- $350 x ____ = $_____
***Requires a $100 deposit before procedure**

Fine needle aspiration/biopsy (per site) --- $236 x _____ = $_____

Fine needle aspiration/biopsy (w/immediate assessment) (per site) --- $300 x ____ = $_____
***Requires a $100 deposit before procedure**

Specialty stains (88342/88341/88313/88312) --- $115 per stain---determined upon case review

*The above price listed is per site/nodule assessed by pathologist
*No additional testing/analysis will be conducted on the patient's case without full payment in advance
(check payable to **Allied Diagnostic Pathology Consultants**)

Signature of patient or guardian Date

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