



**The Mount Sinai Hospital**  
Department of Pathology  
Annenberg Building, 15<sup>th</sup> Floor, Room 01  
1468 Madison Avenue, New York, New York 10029-6574  
**Telephone: (212) 241-2675 Fax: (212) 876-4718**

## **PATHOLOGY CONSULTATION REQUEST**

### **Patient Information**

Last Name		First Name		Middle Name
Date of Birth (mm/dd/yyyy)	Gender	E-mail Address		
Patient Address			Phone Number	

Case Information	Case 1	Case 2	Case 3
Accession Number			
Specimen Source			
Date of Collection or Procedure			
Number of Slides/Blocks			
Preferred Mount Sinai Pathologist			
Reason for Consultation			
<b>REQUEST CANNOT BE PROCESSED WITHOUT ORIGINAL PATHOLOGY REPORT AND COMPLETED REGISTRATION INFORMATION</b>			

### **Referring Physician / Institution Information**

Last Name	First Name	Institution Name
Physician Preferred Phone Number	Office Fax Number	Secured E-mail (Preferred)
NPI#	Mailing Address	

### **Return of Material Institution and Address (if different from above)**

Institution Name	Mailing Address
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### **Responsible Billing Party**

<input type="checkbox"/>	Same as Referring Physician	<input type="checkbox"/> Patient Insurance
<input type="checkbox"/>	Patient Self Pay (If paying by credit, please provide credit card information below)	

<b>Credit Card Payment Information</b>			<b>Patient Insurance</b>		
Card Type	Credit Card Number	Security Code	Primary		
			Insurance Carrier:		
Expiration Date	Name on Card		Address:		
			Group #	Policy #	
Billing Street Address			Secondary		
City	State	ZIP	Insurance Carrier:		
Authorized Signature			Address:		
			Group #	Policy #	

### **Fees:**

\$400 for professional/MD consultation plus possible lab fees for special staining or antibody testing. Laboratory will cap at maximum of ten (10) stains or antibodies.

### **Laboratory fees and charges matrix:**

IHC testing each Antibody 88342 and 88341 (TC)	\$81.00 / Slide (Antibody)
Special Stain testing each Stain 88313 (TC)	\$65.00 / Slide (Special Stain)

Please check here <input type="checkbox"/>	If you are giving the laboratory permission to add these expenses or if you wish to authorize extra charges prior to processing.
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**Note:** For Outside consultation services, the patient's insurance information must be supplied. If the patient is to be billed. If payment is denied by the patient's insurance, you "Referring Physician" will be responsible for payment for services. Please visit the Mount Sinai Pathology Website to verify the accepted insurance list.

For questions regarding billing, please call the **Pathology Billing Department** at **646 650 5530** or **646 650 5532**. For non-billing questions, please call 212-241-2675.

**Please note:** Consultations marked as "RUSH" or "STAT" cannot be guaranteed to be read immediately. Our pathologists will do their best to read all cases in a timely manner. If the case being sent is an urgent one, please be sure to include all contact information, including after-hours phone numbers, for the requesting physician.

**Mailing Address: The Slide Room, Department of Pathology at Mount Sinai Hospital, One Gustave L. Levy Place, Box 1194, New York, NY 10029**