SydPath Cancer Genetics
Molecular Biomarker Request

SYDPATH ST VINCENT'S PATHOLOGY

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

Family Name ______

Given Name ______

Address ______

DOB ______ Age ______ Sex ______

REQUESTING SPECIALIST/CONSULTANT PHYSICIAN

Name ______

Address ______

______ Postcode ______

Provider no. ______

Phone ______

Fax ______

Email ______

Signature ______ Date ______

REFERRING PATHOLOGIST / COPY TO DOCTOR

Name ______

Address ______

______ Postcode ______

Provider no. ______

Phone ______

Fax ______

Email ______

Signature ______ Date ______

HOSPITAL STATUS OF PATIENT AT SPECIMEN COLLECTION OR DATE OF SERVICE

- Private patient in a private hospital or approved day hospital facility ☐
- Private patient in a recognised hospital ☐
- Public patient in a recognised hospital ☐
- Outpatient of a recognised hospital ☐

INVOICING PROCEDURE

- ☐ Bulk Bill: copy of signed form attached
- ☐ Bulk Bill: send DB3 (not appropriate for public inpatients)
- ☐ Bill laboratory
- ☐ Bill patient (complete authorisation on reverse)
- ☐ Bill private health fund: ______

Membership no. ______

11 DIGIT MEDICARE NO.

☐☐☐☐☐☐☐☐☐☐ ☐

MEDICARE ASSIGNMENT *(Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY*

TO BE COMPLETED BY THE PERSON ASSIGNING BENEFITS FOR THE SERVICES ON THIS FORM

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient signature ______ Date ______

(Reason patient cannot sign) ______

CLINICAL HISTORY

Tumour type: ☐
☐
☐
☐ Other ______

Disease Stage: ______

TESTS REQUESTED ☐ URGENT	Medicare criteria met?*
☐	☐ Yes ☐ No
☐	☐ Yes ☐ No
☐	☐ Yes ☐ No
☐	☐ Yes ☐ No
☐	☐ Yes ☐ No
☐	☐ Yes ☐ No
☐ Other ______	☐ Yes ☐ No

Requesting Dr signature ______

PLEASE SEND completed request form with:

-

OR

-
-
-

AND

-
-

AND

SYDPATH CANCER GENETICS
LEVEL 6 XAVIER BUILDING
ST VINCENTS HOSPITAL
DARLINGHURST NSW 2010

Phone: 02 8382 9156 I Fax: 02 8382 2888
Email: SVHS.SydpathCancer@svha.org.au
www.sydpath.com.au

Original Pathology Laboratory ______

Block Identification Number ______

SydPath Cancer Genetics
Patient Consent To Pay

SYDPATH
ST VINCENT'S PATHOLOGY

PATIENT AUTHORISATION

I understand that my medical practitioner has requested test(s) that are not covered by Medicare or not covered/partly covered by my private health fund.
I agree to accept responsibility for the full payment of the fees for this test(s):

Name of test(s):____________________

Patient's name: ____________ Patient's DOB: ____________

Patient's address:____________________

Postcode: ____________ Patient's phone no: ____________

C/Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐ / ☐☐

Name on card:____________ CCV: ☐☐☐ Card Type: ☐ Mastercard ☐ VISA

Cardholder's phone no. ____________________

Amount to be debited: $________ Cardholder's signature: ____________ Date: ________

For any further information required on SydPath's billing policy for Molecular Biomarker testing please phone 02 8382 9156

Please refer to SydPath website www.sydpath.com.au for current Medicare eligibility criteria and for patient or laboratory payment information.

Please note the special requirements and clinical information needed on request form in order for us to correctly bill your patient. costs of testing requested by a Pathologist cannot be claimed under Medicare. All requests for Medicare rebated testing must include the provider number of the referring Clinician/Oncologist/Surgeon.

Dear Patient,
Your doctor has recommended that you use SydPath. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.
Privacy Note: The information provided will be used to assess any Medicare benifit payable for the service(s) rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information maybe disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

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