

UCLA ORAL PATHOLOGY LABORATORY

UCLA School of Dentistry
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Los Angeles, CA 90095-1668
Tel: 310-825-6848

Patient Acknowledgement Form (**Must** be signed below & submitted with specimen)

INFORMATION FOR THE PATIENT The UCLA ORAL PATHOLOGY LABORATORY provides Oral and Maxillofacial Pathology services to doctors in California and throughout the nation. We provide direct service and also serve as consultants to other doctors and laboratories. Our doctors are all Board Certified with many years of experience.

You can find out more about us, find answers to frequently asked questions and HIPAA information on the web at <https://dentistry.ucla.edu/clinic/44> or email us at oral_pathology@dentistry.ucla.edu.

MICROSCOPIC TISSUE EVALUATION

Your doctor has explained that a biopsy procedure of your mouth, jaw or perioral region is indicated. Your tissue sample will be sent to the UCLA ORAL PATHOLOGY LABORATORY for examination and diagnosis. In some cases, we may seek the diagnostic opinion or consultation of an outside pathologist which may entail a separate fee which they may bill to you or your insurance company.

We will mail a report to your doctor who can discuss the results with you. Your signature, below, confirms your acknowledgment that your doctor has ordered oral pathology services to be performed on your behalf and you give permission to UCLA Oral Pathology Laboratory to share your information with other licensed healthcare providers as needed and requested for diagnostic and/or treatment purposes within HIPAA regulations.

ELECTRONIC TRANSMISSION OF CLINICAL INFORMATION

We may need to communicate with your doctor regarding other information including: radiographs, additional clinical information, clinical photos, photomicrographs and reports from other doctors.

BILLING

You will receive a bill from our billing service, CareCloud, they can be contacted at 805-254-2143. Our most common routine exam fee is \$300 per specimen. Additional procedures & testing such as decalcification of hard tissue (\$50 per specimen), special stains (\$200-\$300 per stain), immunofluorescence studies (\$200 per antibody, 3-5 antibodies may be tested) and complex tumor examination (\$400 per specimen) are determined upon receipt and initial examination of the tissue. Since additional fees and procedures cannot be predetermined at the time of your biopsy, an exact cost cannot be determined. Please note that the exact cost cannot be determined up front by your doctor. If the doctor who performed the biopsy provides us with your billing information, our billing service will bill medical or dental insurance as a courtesy to you.

We are Medicare providers. If you are Medicare-eligible, we cannot process your specimen unless your doctor is registered with Medicare (PECOS). Your doctor may register as "Order&Refer" or "Opt-Out" (if Opt-Out preferred, the doctor must check off the "yes" box to order and refer). If you are Medicare eligible, inform your doctor and provide your doctor with your Medicare number or a copy of your Medicare card and your date of birth. Note that some oral biopsies are NOT Medicare covered services.

We are not members of any Preferred Provider network. HMO plans (including Medicare HMO) require prior authorization. You are responsible for payment in full of our services. You are also responsible for any legal or collection agency fees that we may institute to collect timely payment of this obligation.

My signature below represents my acknowledgment that I have read and understand the foregoing information.

Signature of Patient, Legal Guardian or Holder of Power of Attorney

Date

Printed Name of Signatory