SydPath
ST VINCENT'S PATHOLOGY

SYDPATH ANATOMICAL PATHOLOGY
REQUEST FOR CONSULTATION/SECOND OPINION

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

Family Name _____

Given Name _____

Address _____

DOB _____ Age _____ Sex _____

Medical Record No _____

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 _____

INVOICING PROCEDURE

A Medicare Rebate is available for a second opinion for pathology samples where both the original pathologist and the specialist or general practioner involved in the care of the patient are in agreement that a second opinion is required for diagnostic purposes.

Does the patient fulfill the above requirements?

☐ Yes - Medicare Rebatable

☐ < 30 min (item 72858) $180 ☐ > 30 min (item 72859) $370

☐ No - A $300 fee will fee will apply. This fee will be billed to the referring laboratory or health service. If uncertain, a medicare rebate will apply only if the consultation pathologist believes this fulfils criteria, otherwise the $300 fee will apply. Discuss with Consultation Pathologist if other arrangements are required.

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

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

TESTS REQUESTED

☐ **URGENT**

☐ Review for MDT

☐ Review for patient care / treatment

☒ Review for diagnostic second opinion

☐ Other:

_____

_____

_____

_____

_____

PLEASE SEND

Any diagnostic material
And a copy of the pathology report

Addressed to:

ANATOMICAL PATHOLOGY
ST VINCENT'S HOSPITAL
LEVEL 6 XAVIER BUILDING
390 VICTORIA STREET
DARLINGHURST NSW AUSTRALIA 2010

Phone: +61 2 8382 9217
Fax: +61 2 8382 2888
www.sydpath.com.au

Original Pathology Laboratory

_____

Block Identification Number

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