☐ **Pathology Provider Add/Update** ☐ **Institution Add/Update** ☐ **Both**

Pathology Provider/Pathology Institution Add/Update Request Form

Important Directions For Additions:

1. Fill out the appropriate fields in the BOXED AREA below Provider Number/ Institution Code and indicate the subspecialty/s.
2. Submit with copies of original documents that identify the contact information etc. for this physician.

Important Directions For Updates:

1. Please fill out the Provider Number/Institution Code and Name Fields for all updates.
2. For name changes, give us the new name on the line and the old name underneath it.
3. Only fill in fields (other than name and Provider Number/Institution Code) that contain changes.

Provider Number:_____ Institution Code:_____

Provider Type (check one) MD☐ Resident☐ Other☐ (Indicate Type)_____

NPIN#:_____

Last Name:_____ First Name:_____ M.I._____

Office Name/Institution Name:_____

Department Name:_____

Office Street Address:_____

Office City_____ State_____ Zip _____
Office Phone Number #1_____ Office Fax_____
Office Phone Number #2_____ Fax Reports Default = Yes☐ No☐

For Pathology Provider:

License Number:_____
E-mail Address:_____
UPIN:_____
Specialty/s (If more than 1, indicate as 1,2,3):

☐ANE (Anesthesia	☐OPH (Ophthalmology)	☐RAD (Radiation Oncol)
☐DER (Dermatology	☐ORA (Oral Surgery)	☐RAI (Radiology)
☐ENT (Ear, Nose, Throat)	☐ORT (Orthopedic Surgery)	☐SUR (Surgery)
☐GYN (Gynecology)	☐PAT (Pathology)	☐URO (Urology)
☐MED (Medicine	☐PED (Pediatrics)	☐OTH (Other)
☐NEU (Neurology	☐PSU (Pediatric Surgery)	
☐NSU (Neurosurgery)	☐PSY (Psychiatry)	

For Institution Update:

Clia Number:_____
E-mail Address:_____
Institution Type:

☐Hospital	☐Hospital Laboratory	☐Private Laboratory
☐Group Practice	☐Surgical Day Center	☐Nursing Home
☐Other_____		

Accession Number/s:_____
Update of Existing Entry☐
Billing Contact Name:_____
Billing Contact Telephone Number:_____
Billing Fax Number:_____
Purchase Order Number_____
Billing Fax Number:_____

Always Fill in Submitted by, To and Date Sent
Submitted by (your name):_____
Submitted to:_____
Date Submitted:_____
Date Entered:_____
Date Edited:_____