Anatomical Pathology, 330 Brookline Ave. Boston, MA 02215 | Phone: 617-667-4371 | Fax: 617-667-7120

## INTERNATIONAL PATHOLOGY CONSULTATION PAYMENT AUTHORIZATION FORM

To:	From: Consult Coordinator
Fax:	Date:
Thank you for your request. We have received the p	pathology consultation with slides for patient,
In order to process your request, we first must advise opinions and obtain a signed authorization for payme	e you of our billing policy for international consults / second ent.
International consultations need to be paid in adv \$500USD per procedure date. Vendor and PO (s) are immunoperoxidase studies are required, there will be	
<ul> <li>Log into secure website, <u>www.peryourhealth.c</u></li> <li>Password: Patient's Date of Birth: 07/0</li> <li>Payment" option from the menu and enter the</li> </ul>	01/2011 (use this DOB as a default). Choose the "Make a e credit card information as appropriate. care ID to log into this site. That is due to the dual
Once payment is made, please return form via fax or	r e-mail.
BILLING AUTHORIZATION	(Please fill out each **required field)
**Name of Responsible Billing Party / Facility (Date)	**Authorizing signature
**Billing Address (please indicate exact billing ad	ddress & contact).
**Transaction ID (confirmation of payment)	E-mail address
Patient Identification (Name and DOB)	