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CERVICAL CANCER SCREENING AND HPV TESTING

You now have 2 options for getting a more detailed annual exam.

Either one of these tests paired together with your pap will help
to find cancerous or pre-cancerous cells.

1) HPV TESTING- DNA TESTING (option 1)

HPV DNA testing uses the sample we normally collect during your yearly pap smear.
No discomfort, all we do is check an additional box for the lab to perform the test.

Will my insurance pay for the test?

We have found that most all insurance companies cover HPV testing routinely.
One exception seems to be Aetna which will not pay for HPV testing under any circumstances in women under the age of 30.

If your insurance does not pay for the test: Generally, the test will be about \$100.

If your pap smear result is ASCUS or above (abnormal cells) the HPV is done automatically and billed to your insurance with a medical diagnosis not as a screening.

_____ I request HPV DNA Testing I understand that I will be responsible for any charges not covered by my insurance.

_____ I decline HPV Testing using DNA Testing

2) PAP SURE- looks for visual changes of the cervix (option 2)

Pap Sure is different than your Pap Smear.
Pap Sure is a Detailed Magnified Visual Screening of the Cervix.
It can be done in addition to your Pap Smear.
For this we apply a solution that changes the PH level allowing us to see abnormal cells.
It does not hurt, it's quick and the cost to you is \$43.

_____ I request a PAP SURE test today, I understand the cost to me is \$43 added onto my bill today.

_____ I decline Pap Sure Testing

You have the option of choosing one or both of these tests when getting your annual exam.

Dr. Wood recommends adding one of these tests to your pap as these tests can detect things a pap alone cannot.
It is also suggested that women of all ages get additional testing, as it can be potentially life-saving.

If you are under the age of 26 have you completed your series of 3 HPV/Gardasil Vaccine as recommended by the American College of Obstetrics and Gynecology? _____ Yes _____ No

Patient Signature

Date