

COVID-19 Testing

Application

Patient's Name: _____

Patient's Street Address: _____

Town: _____ Zip Code: _____

Male _____ Female _____ Marital Status: M _____ S _____ W _____ D _____

Cell: _____ Email: _____

Date of Birth: ____/____/____ Social Security #: _____

ASSIGNMENT OF BENEFITS

I irrevocably assign to VESTIBULAR DIAGNOSTIC, PA all my rights and benefits under any insurance contracts for payment services rendered to me by VESTIBULAR DIAGNOSTIC, PA.

I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by VESTIBULAR DIAGNOSTIC, PA to be released to VESTIBULAR DIAGNOSTIC, PA.

I irrevocably authorize VESTIBULAR DIAGNOSTIC, PA to file insurance claims on my behalf for services rendered to me.

I irrevocably direct that all such payments go directly to VESTIBULAR DIAGNOSTIC, PA.

I irrevocably authorize VESTIBULAR DIAGNOSTIC, PA to act in my behalf and report any suspected violations of proper claims practices to the proper regulatory authorities.

I, the patient, do hereby direct the health insurance carrier to issue payment on my behalf directly to the medical provider.

This assignment of benefits has been explained to my full satisfaction and I understand its nature and effect.

Patient's Signature: _____ Date: ____/____/____

PLEASE CHECK OFF IS SYMPTOMATIC ONLY

FEVER _____ COUGH _____ SHORTNESS OF BREATH/DFFICULTY BREATHING _____

TIREDDNESS _____ ACHES _____ SORE THROAT _____ RUNNY NOSE _____

PLEASE LIST ANY OTHER SYMPTOMS

PLEASE COMPLETE THIS FORM AND BRING TO YOUR TERSTING ALONG WITH:

- 1. Two copies of the front and back of your Medical Insurance Card**
- 2. Two copies of your Driver's License**
- 3. A Signed Waiver Form (ATTACHED)**
- 4. Complete the highlighted sections of the Reference Medical Lab Form (ATTACHED)**

COVID-19 Testing

Waiver and Release

The Borough of Fort Lee is hosting this COVID-19 swab test as part of a townwide testing initiative. The undersigned understands and agrees, that the Borough of Fort Lee and all of its representatives, are not liable for and have no responsibility for the administration of the test, any adverse effects of or connected with the test's administration and have no liability for or make any warranty of the accuracy of the reported result of the test, you will be administered.

By signing this waiver, the undersigned gives up all claims he or she may have against the Borough of Fort Lee and any Borough of Fort Lee representatives as a result of or connected with voluntarily taking this test.

SO, AGREED:

Signature: _____

Print Name: _____

Home Address: _____

Date: _____

MOLECULAR DIAGNOSTICS OF RESPIRATORY INFECTIONS

PHYSICIAN'S INFORMATION

PATIENT'S INFORMATION (Please submit copies of patient's photo ID and insurance cards)

PATIENT LAST NAME		FIRST NAME		MIDDLE	
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (M/D/Y)	PHONE		
ADDRESS					APT.#
CITY			STATE	ZIP	

BILLING INFORMATION

- BILL INSURANCE
- BILL PATIENT
- BILL MEDICAL PRACTICE

SPECIMEN COLLECTION

DATE _____

TIME AM PM

INSURANCE INFORMATION

INSURANCE COMPANY NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PATIENT ID _____

GROUP No # _____

PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDANT

PRIMARY INSURANCE

SECONDARY INSURANCE

SELF SPOUSE DEPENDANT

REFLEX PANELS

C499 FLU EXPEDITED PANEL IF **NEGATIVE** → RESPIRATORY PATHOGEN PANEL IF **NEGATIVE** → COVID-19

C458 FLU EXPEDITED PANEL IF **NEGATIVE** → RESPIRATORY PATHOGEN PANEL

457 RESPIRATORY PATHOGEN PANEL IF **NEGATIVE** → COVID-19

RESPIRATORY PANELS

<input type="checkbox"/> U650 FLU EXPEDITED PANEL Nasopharyngeal swabs in viral transport medium (UTM)	PATHOGENS • Influenza A • Respiratory Syncytial Virus (RSV) • Influenza B
<input type="checkbox"/> 7500 GROUP A STREPTOCOCCUS Throat swab (eSwab)	PATHOGEN • Streptococcus pyogenes
<input type="checkbox"/> RPP RESPIRATORY PATHOGEN PANEL (RPP) Nasopharyngeal swabs in viral transport medium (UTM)	PATHOGENS • Adenovirus • Coronavirus OC43 • Adenovirus C • Human Bocavirus • Bordetella parapertussis • Human Metapneumovirus • Bordetella pertussis • Influenza A • Chlamydomphila pneumoniae • Influenza A Subtype 2009 • Coronavirus 229E • Influenza A Subtype H1 • Coronavirus HKU1 • Influenza A Subtype H3 • Coronavirus NL63 • Influenza B
<input type="checkbox"/> C455 2019 NOVEL CORONAVIRUS DISEASE (COVID-19) Nasopharyngeal swabs in viral transport medium (UTM)	PATHOGEN • SARS-CoV-2
<input type="checkbox"/> C456 RESPIRATORY PATHOGEN PANEL (RPP) + COVID-19	Nasopharyngeal swabs in viral transport medium (UTM)

DIAGNOSES (ICD-10 CODES)

203.818

220.828

PHYSICIAN'S SIGNATURE _____

DATE _____