



# COVID-19 Testing INSURED REGISTRATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

LAST DATE TESTED FOR COVID-19 \_\_\_\_\_ RESULTS:  Positive  Negative

Have you been vaccinated?  Yes  No Date \_\_\_\_\_

**Do you currently have or recently had?**  Fever/Chills  Cough  Shortness of breath or difficulty breathing  fatigue  Muscle or Body aches  Headache  New loss of taste or smell  Sore throat  Congestion or running nose  Nausea or vomiting  Diarrhea  **EXPOSURE TO COVID-19**

**PRIMARY INSURANCE:** Insurance Company: \_\_\_\_\_

Member ID/Policy Number: \_\_\_\_\_ Group: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Policy holder date of birth: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Claims mailing address: \_\_\_\_\_

\_\_\_\_\_ I HEREBY AUTHORIZE Longwood Medical Group dba Urgent Care of Longwood to release any information necessary to process my claims. I authorize my Insurance company to make payment directly to Urgent Care of Longwood for services rendered. If the claim is not paid, I will be responsible for \$150 to Urgent Care of Longwood. By signing below, you agree that the information provided is accurate and also give permission to Urgent Care Center of Longwood to treat you.

\_\_\_\_\_ **Below for Office Use Only** \_\_\_\_\_

**I was tested for COVID-19 with a Rapid Antigen Test Cassette and the result was:**

Positive Test performed by: \_\_\_\_\_  
 Negative Test performed by: \_\_\_\_\_

A Nasopharyngeal specimen was collected, sent to Patients Choice Lab, Vista Lab, AVERO Lab or Quest Diagnostic Laboratory for confirmation testing and I was given the information to go online to obtain my results.

I declined nasal/oral swab testing  
I have been advised to self-quarantine for 10 days and follow up for re-testing.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_