

PERMISSION TO TEST FOR COVID

TWO COPIES NEEDED- DO NOT STAPLE ANYTHING TO THIS PAGE

A. Patient Section

Patient Name: _____ Patient D.O.B.: _____
FIRST MIDDLE INITIAL LAST MM/DD/YYYY

Address: _____ City: _____ State: CA Zip Code: _____

Birth Gender (check one): MALE FEMALE Ethnicity: _____

Phone: _____ E-Mail: _____

B. Test Section (To be completed by Xpress Care Staff Only)

Account Number: _____

Account Address: 17612 17th St., #101, Tustin, CA 92780 Phone: (714) 243-5450

Collection Date: _____

Test: 139900 SARS-CoV2- NAA

ICD 10 Code: Z20.828

Ordering Physician: Zaid Noman, MD NPI: 1306028907

C. Insurance Section

Bill To (select one): ___ INSURANCE ___ UNINSURED

Insurance Carrier: _____

(EX: ANTHEM, BLUE SHIELD, KAISER, HEALTHNET, UNITED HEALTHCARE, ETC.)

Medical Group: _____

(EX. PROSPECT, HEALTHCARE PARTNERS, MONARCH, REGAL, ETC.)

ID #: _____ Group #: _____

Name of Insured Person: _____ Relationship to Patient: _____

School Name: _____

D. Parent/Legal Guardian Section- Requestor Authorization

Parent Name: _____ Parent D.O.B.: _____
FIRST MIDDLE INITIAL LAST MM/DD/YYYY

By signing below, I agree to authorize my child to be tested for COVID19 Infection (Coronavirus):

Signature: _____ Date: _____

IF YOU HAVE QUESTIONS, EMAIL RESULTS@XURGENTCARE.COM WITH PATIENT'S FULL NAME AND DOB