

MOLECULAR DIAGNOSTICS OF RESPIRATORY INFECTIONS

PHYSICIAN'S INFORMATION

Account #39264
Hanson Board Of Health
 542 Liberty Street
 Hanson, MA 02341

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

INSURANCE INFORMATION

INSURANCE INFORMATION	PRIMARY INSURANCE	SECONDARY INSURANCE
INSURANCE COMPANY NAME		
ADDRESS		
CITY / STATE / ZIP		
PATIENT ID		
GROUP No #		
PATIENT RELATIONSHIP TO INSURED	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDANT	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDANT

SPECIMEN COLLECTION

DATE

TIME AM PM

UNINSURED PATIENT'S INFORMATION *(Please provide your Social Security Number)*

SSN: - -

RESPIRATORY PANEL

C455 **2019 NOVEL CORONAVIRUS DISEASE (COVID-19)** PATHOGEN
 • SARS-CoV-2
 Nasopharyngeal swabs in viral transport medium (UTM)

DIAGNOSES (ICD-10 CODES)

z20.828	
z03.818	

PHYSICIAN'S SIGNATURE _____

DATE _____