

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

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	<input type="checkbox"/> AM <input type="checkbox"/> 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 _____