

COVID-19 / DIAGNOSTICS OF RESPIRATORY INFECTIONS

PHYSICIAN'S INFORMATION

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

<p>Acct #36660</p> <p>North Shore Hebrew Academy</p> <p>400 N Service Road Great Neck, NY 11020</p>	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

INSURANCE INFORMATION

PRIMARY INSURANCE

SECONDARY INSURANCE

<input checked="" type="checkbox"/> BILL INSURANCE <input type="checkbox"/> BILL PATIENT <input type="checkbox"/> BILL MEDICAL PRACTICE	INSURANCE COMPANY NAME								
	ADDRESS								
	CITY / STATE / ZIP								
	PATIENT ID								
DATE		GROUP No #							
TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	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			

RESPIRATORY PANELS

<input checked="" type="checkbox"/> 2019 NOVEL CORONAVIRUS C455 DISEASE (COVID-19)	PATHOGEN • SARS-CoV-2
	Nasopharyngeal swabs in viral transport medium (UTM)

DIAGNOSES (ICD-10 CODES)

Z20.828	

PHYSICIAN'S SIGNATURE *Robert Van Amorongen MD*

DATE