

Cole Diagnostics
Coronavirus (COVID-19 IgG and IgM Ab Screen)

Testing is by appointment only. Please call our office at (208) 472-1082 to schedule. Please bring this completed form to the draw site (address below).

Patient Information:

First Name:	Last Name:
Date of Birth:	Gender: M or F
Street:	Cell Phone:
City, State, Zip:	Email:

Primary Care Information: (Who referred you for testing?)

Provider Name:	Phone Number:
Practice Name:	Fax Number:
Provider Signature (Required):	

Insurance Information: (If you work at a medical facility, skip this section)

Insurance Company:	Group No:
Subscriber Name:	Subscriber ID:

Please circle all that apply:

- Close contact with someone who tested positive for COVID-19
- My fever is above 100.4 degrees
- I have a cough
- I have shortness of breath
- None of these symptoms apply (Please see payment options below)
- I am an employee of a medical office. Office Name _____
 - Is your employer paying for your testing? YES NO
- Have you had a nasal or throat PCR test performed? What was the result? _____

Billing (Please initial one):

Option 1:	I acknowledge the possibility that my insurance company will not cover the cost of testing, and in that case, I will be billed the lesser of the amount determined by my insurance company or \$60.
Option 2:	I lack the symptoms or situations listed above, but would like to receive this test. Therefore, I agree to pay \$42 (\$35 for the test and \$7 for venipuncture) now.

Acceptance:

Patient (or responsible party) Signature: _____

Internal Use Only:

Collection Date:	Collection Time:	Phlebotomist:
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Testing Location: Cole Diagnostics 7988 W Marigold Street Garden City, ID 83714