



Thank you for choosing Emcura Medical for your Covid-19 testing site. **Please have your physical driver's license and insurance card ready! Please fill out all bolded sections.** Once you pull into a designated parking spot, a staff member will be out to help you!

My signature indicates that I understand, reviewed and am aware of the HIPAA Notice of Privacy Practices and Consent for Examination and Treatment as listed on www.emcura.com X _____

Have you been a patient here before?: Y / N																
<u>SPOT #</u>	<u>First Name</u>	<u>Last Name</u>	<u>DOB</u>													
<u>PHONE NUMBER</u>		<u>INSURANCE (circle one)</u> Subscriber DoB (if not patient): _____ [BCBS Aetna United Medicare] PROVIDER SWAB <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <td>McLaren</td> <td>Beaumont</td> <td>Priority HAP</td> <td>Cigna</td> <td>TotalHC</td> <td>MA Swab</td> </tr> <tr> <td>Cofinity</td> <td>Molina</td> <td>ASRHealth</td> <td>BlueCareNetwork</td> <td>Other</td> <td>if asymptomatic</td> </tr> </table>			McLaren	Beaumont	Priority HAP	Cigna	TotalHC	MA Swab	Cofinity	Molina	ASRHealth	BlueCareNetwork	Other	if asymptomatic
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R E A S O N I S I N G F O R	<u>Are you having any symptoms?</u> <div style="text-align: center;">Y N</div> Fever/Chills Cough SOB Fatigue Congestion Body Aches Sore Throat Loss of senses Headache Nausea Vomiting Diarrhea	<u>Any Possible Exposure?</u> <div style="text-align: center;">Y N</div> Family Work Other: _____	<u>Recent or Future Travel?</u> <div style="text-align: center;">Y N</div> From: _____ Or To: _____	<u>Other Reason for Testing:</u>												
H I S T O R Y	<u>Any other medical problems?:</u> <u>Any Drug Allergies?:</u> <u>Any Prescription Meds?:</u>		<u>Social:</u> Do you Smoke? - Y N Do you Drink - Y N Social Do you do Drugs- Y N <u>Any Recent Surgeries? (last 6mo):</u> Y N													
V I T A L	Height: _____ Weight: _____		Temp: HR: spO ₂ :													
A & P	Swab Send Out PCR: 88-92% Accurate Results obtained in 1-7 days	Rapid Same Day Swab \$50 45-65% Accurate if asymptomatic 87.5% Accurate with typical covid symptoms	Strep Test Culture: Y or N	Rapid Flu DNA Flu												



COVID 19 Rapid Testing

We perform COVID 19 rapid testing using the highest standards and best practices (Outdoors for safety and Nasopharangeal swabs for accuracy!) Please complete the form below for contact options.

Last name _____ First name _____

DOB (MM/DD/YY) _____ Sex- Male _____ Female _____ Other _____

Cell Phone Number _____ (Must be available for call/text)

Car Year/ Make/ Model _____ Color _____ Parking Spot _____

Email (Complete in ALL CAPITAL LETTERS). Must be legible to receive PDF report.

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Do you consent to receiving a phone call and/or a nonspecific test message (Negative / Positive), and/or a PDF document or email (from contactus@emcura.com or contactnorthville@emcura.com and email only mentions Negative/Positive) regarding results? Please sign below.

I understand the COVID 19 RAPID TESTING performed today is not covered by the following insurances even if you or your health care provider determine the test to be medically necessary. Your COVID 19 visit and send-out test will be billed to insurance, but you will be responsible for the COVID 19 RAPID TEST cost of \$50.00 per test. Copays and Deductibles may still apply.

Insurances where COVID 19 RAPID Testing not a covered benefit	Estimated Cost
United Health Care, Blue Cross Blue Shield (Entire Visit - Out of State Home Address), Beaumont Health, Priority Health, HAP, Cofinity, McLaren, Total Health Care, Molina, ASR Health, Travel Insurance (Entire Visit Not Covered), Out of state Medicaid (Entire Visit Not Covered), and others	COVID 19 Rapid Antigen-\$50.00

Patient Signature _____ Date _____