

**TOWN OF ROCKLAND BOARD OF HEALTH
AND ACCU REFERENCE MEDICAL LAB
ARE ORGANIZING TESTING SITE**

COVID-19 DRIVE THRU

SATURDAY, FEBRUARY 6 | 8AM - 4PM

SUNDAY, FEBRUARY 7 | 8AM-2PM

MEMORIAL PARK ELEMENTARY SCHOOL

1 Lt Col Brian Duffy Way, Rockland, MA 02370

PLEASE BRING:  Your Insurance ID and Driver License

 Your prefilled registration form
for the Lab provided on this website.

FOR RESULTS VISIT:

www.accureference.com → Patient Portal

PLEASE PROVIDE YOUR CELL PHONE DURING REGISTRATION

EVERYONE IS WELCOME!

INSURED AND UNINSURED

COVID-19 / DIAGNOSTICS OF RESPIRATORY INFECTIONS

PHYSICIAN'S INFORMATION

Acct# 40211
.Rockland BOH

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 COMPANY NAME | Insurance Name - | Bill Type #1353 - Covid 19 HRSA Uninsured Fund |
| ADDRESS | Insurance ID # | Social Security # |
| 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 |

PRIMARY INSURANCE

SECONDARY INSURANCE

SPECIMEN COLLECTION

DATE

TIME ☐ AM ☐ PM

SEROLOGY TEST

- ☐ COVID-19 IgG/IgM ANTIBODY TEST
C480 1 Serum Separation Transport Tube (SST)

REFLEX PANELS

☐ C499 FLU EXPEDITED PANEL IF **NEGATIVE** → RESPIRATORY PATHOGEN PANEL IF **NEGATIVE** → COVID-19

☐ C457 RESPIRATORY PATHOGEN PANEL IF **NEGATIVE** → COVID-19

RESPIRATORY PANELS

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> C455 | 2019 NOVEL CORONAVIRUS DISEASE (COVID-19) Nasopharyngeal swabs in viral transport medium (UTM) | PATHOGEN • SARS-CoV-2 |
| <input type="checkbox"/> C456 | RESPIRATORY PATHOGEN PANEL (RPP) + COVID-19 Nasopharyngeal swabs in viral transport medium (UTM) | |
| <input type="checkbox"/> RPP | RESPIRATORY PATHOGEN PANEL (RPP) Nasopharyngeal swabs in viral transport medium (UTM) | PATHOGENS <ul style="list-style-type: none"> • Adenovirus • Adenovirus C • Bordetella parapertussis • Bordetella pertussis • Chlamydia pneumoniae • Coronavirus 229E • Coronavirus HKU1 • Coronavirus NL63 • Coronavirus OC43 • Human Bocavirus • Human Metapneumovirus • Influenza A • Influenza A Subtype 2009 • Influenza A Subtype H1 • Influenza A Subtype H3 • Influenza B • Mycoplasma pneumoniae • Parainfluenza 1 • Parainfluenza 2 • Parainfluenza 3 • Parainfluenza 4 • Respiratory Syncytial Virus A • Respiratory Syncytial Virus B • Rhinovirus / Enterovirus |
| <input type="checkbox"/> U650 | FLU EXPEDITED PANEL Nasopharyngeal swabs in viral transport medium (UTM) | PATHOGENS <ul style="list-style-type: none"> • Influenza A • Influenza B • Respiratory Syncytial Virus (RSV) |

DIAGNOSES (ICD-10 CODES)

| | |
|----------------------------------|---|
| <input type="checkbox"/> Z20.828 | Contact with and (suspected) exposure to other viral communicable diseases |
| <input type="checkbox"/> Z03.818 | Encounter for observation for suspected exposure to other biological agents ruled out |
| Z2 | Cough |
| | Fever, unspecified |

PHYSICIAN'S SIGNATURE _____

DATE _____