

## MOLECULAR DIAGNOSTICS OF RESPIRATORY INFECTIONS

**PHYSICIAN'S INFORMATION**

**Account #39645**  
**East Bridgewater Board of Health**  
 175 Central Street  
 East Bridgewater, MA 02333

**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		
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

**PRIMARY INSURANCE**

**SECONDARY INSURANCE**

**SPECIMEN COLLECTION**

DATE

TIME  AM  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 \_\_\_\_\_