

2020-2021 COVID-19 Testing Registration Form

REQUIRED INFORMATION FOR PERSON RECEIVING TEST

- One registration form must be completed in full, for each person being tested for COVID-19.
- A new form is required for any repeated testing, as applicable. It is important to provide your insurance information so that tests can be processed appropriately.
- Once completed, please email form to RVECdriveThru@samaritanhealthcare.com and a member of our team will call you to schedule your appointment.

*Legal First Name	Middle Initial	*Legal Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Street Address

*City	*State	*Zip	*Phone Number (919)999-9999
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Email Address

*Date of Birth (MM/DD/YYYY)	<input type="text"/>	Gender (M/F/O)	<input type="text"/>
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INSURANCE INFORMATION

Person is uninsured

Primary Insurance Company Name

Insurance ID #

Group #

Policy holder: Self (*skip below*) Parent Other

Policy holder Last Name

First Name

Date of Birth (MM/DD/YYYY)

Please select all that apply: I am:

- Someone with symptoms of COVID-19 A close contact of a known positive COVID-19 case
- A healthcare worker A person with an underlying health condition (i.e. cancer, diabetes)
- Being required to get a Covid-19 as a pre-operative test ahead of my procedure. My procedure is taking place

at on this date:

No symptoms/haven't been exposed, just want to get tested (i.e. flight clearance, employer requested)