

**INTERNATIONAL MEDICINE CENTER
Coronavirus-19 REMOTE TESTING INTAKE FORM/ORDER SHEET**

9230 Katy Freeway, Suite 400 Houston, TX, 77055

Fax: 713-973-0805

imc@traveldoc.com

Name: _____ Date: _____

Email: _____ DOB: _____ Age: _____ yrs Gender: Male Female

Phone #: _____ Address: _____

Occupation: _____ City: _____ State: _____ Zip: _____

Heard About Us: Facebook Ad Internet Search ABC 13 TV Physician Word of Mouth Radio

REFERRED BY: Physician _____ Business _____

Other: _____

SERVICE CHARGES:

	IgG Antibody test		Covid-19 PCR Test		IgM
	LabCorp	Quest	LabCorp	Quest	
Administration/Case Evaluation Fee:	\$50	\$50	\$75	\$75	PENDING
LAB CHARGES:	\$50	\$50	\$100	\$100	
YOUR OVERALL COST:	\$100	\$100	\$175	\$175	

NOTE: We will consider a discount of our service charge based on volume of individuals to be tested.

YOUR PREFERRED LAB: LabCorp Quest

WE CANNOT PROCESS INSURANCE CLAIMS ON THIS SERVICE as it is preventive and there is no clean path for reimbursement by insurance. This is intended as a rapid test turnaround for a large volume of cases and we cannot handle such cases as routine, insured cases, filling up exam rooms for medically unnecessary scheduled physician visits to attempt to justify it as an insured cost. You can consider submitting all your costs to your medical insurer for possible reimbursement.

PATIENT TEST REQUEST: COVID-19 Antibody (Serum) IgG IgM COVID-19 PCR virus (nasal swab)

ATTENTION PATIENT!!!:

- If you decide to proceed with the nasal swab PCR, when you arrive at our office... call us at 713-973-0341 for additional instruction. **DO NOT ENTER!**
- WE CANNOT GUARANTEE TEST RESULT TURNAROUND TIMES.** In the context of a pandemic, tens of thousands of tests are run daily and that can change up or down on any given day, depending on sudden case outbreak surges. Usual results turnaround is 3-7 days, but can be longer. Until your test is back, you should presume it will be positive, and behave as though you are a risk for transmitting COVID-19 to others.
- If you have COVID-19 symptoms, **THE ANTIBODY TEST IS NOT USEFUL** for the current illness unless you have been ill at least 10 days.

CORONAVIRUS-19

ILLNESS Onset: _____ No Illness

Symptoms

Bodyaches Diarrhea Headache Shortness of Breath
 Chills Fatigue Loss of: Smell Taste Sore Throat
 Cough Fever Nasal Discharge

ATTENTION STAFF: WHEN ABOVE COMPLETED, SEND TO THE PHYSICIAN

PHYSICIAN SECTION

ORDERS

RESULTS:

COVID-19 Virus Antibody: <input type="checkbox"/> IgG <input type="checkbox"/> IgM	Neg	Pos	Equivocal	Date
<input type="checkbox"/> SARS CoV-2 (COVID-19) PCR (viral RNA)				
<input type="checkbox"/> Physician Rating <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 100% (Of Our Admin/ Eval-Fee)				
LAB: <input type="checkbox"/> LabCorp <input type="checkbox"/> Quest				

Edward R. Rensimer MD

Appointment: Date _____ Time _____ STAFF SECTION: ORDER ENTERED IN LAB SYSTEM Y N

STAFF SECTION: Patient Contacted (results) _____ Results Certificate Sent _____

_____ Date _____ Initials _____ Date _____ Initials _____

Send Web Testimonial Letter _____

_____ Date _____ Initials _____