

**INTERNATIONAL MEDICINE CENTER (IMC)
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 SCHLUMBERGER
 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

IMC 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.

We can provide your insurance to the lab company and they will bill for the lab specimen. In that case, please provide insurance information for lab billing (otherwise lab cost must be paid at time of service). Insurance coverage for the lab CANNOT be estimated by our staff.

Insurance Name: _____ Member/ Policy ID: _____ Group No.: _____

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 Date: _____ No Illness

Symptoms

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

ATTENTION STAFF: WHEN ABOVE COMPLETED, SEND TO THE PHYSICIAN

ORDERS	PHYSICIAN SECTION	RESULTS:																
<p><input type="checkbox"/> COVID-19 Virus Antibody: <input type="checkbox"/> IgG <input type="checkbox"/> IgM</p> <p><input type="checkbox"/> SARS CoV-2 (COVID-19) PCR (viral RNA)</p> <p><input type="checkbox"/> Physician Rating <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 100% (Of Our Admin/ Eval-Fee)</p> <p>LAB: <input type="checkbox"/> LabCorp <input type="checkbox"/> LabCorp YELLOW BAG Expedited Specimen <input type="checkbox"/> Quest</p>	<p>SARS-CoV-2 PCR</p> <p>SARS-CoV-2 Antibody</p> <p>Edward R. Rensimer MD</p>	<table border="1"> <thead> <tr> <th>Neg</th> <th>Pos</th> <th>Equivocal</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Neg	Pos	Equivocal	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Neg	Pos	Equivocal	Date															
_____	_____	_____	_____															
_____	_____	_____	_____															
_____	_____	_____	_____															

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 _____