

Patient Name:

Date of Birth:

COVID-19 FINANCIAL WAIVER

NOTE: If your insurance carrier does not pay for **RAPID COVID-19 TESTING**, you will be held responsible to pay for this service. Insurance carriers do not pay for everything, even some care that you or your health care provider have good reason to think you need. If you have questions regarding if the RAPID COVID-19 TESTING is covered by your insurance, please contact the member services phone number on the back of your insurance card. The billing code for this test is 87426.

| SERVICE | Reason May Not Pay: | Estimated Cost |
|---|---------------------|----------------|
| RAPID COVID-19 TESTING CPT CODE: 87426 | NON-COVERED SERVICE | \$75.00 |

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **RAPID COVID-19 TESTING** listed above.

OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **RAPID COVID-19 TESTING** listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment. I understand that if my insurance does not pay, I am responsible for payment, but I can appeal the decision directly with my insurance carrier. If my insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **RAPID COVID-19 TESTING** listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if my insurance is not billed.
- OPTION 3.** I do not want the **RAPID COVID-19 TESTING** listed above as I wish you receive LabCorp PCR testing free of charge. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if my insurance would pay.

Additional Information:

This notice gives our opinion, not an official insurance decision. If you have questions regarding if the RAPID COVID-19 TESTING is covered by your insurance, please contact the member services phone number on the back of your insurance card.

Signing below means that you have received and understand this notice. You may request a copy.

| | |
|-------------------|--------------|
| Signature: | Date: |
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