CAROLINAS URGENT *and* PRIMARY CARE

4370 Arendell Street Suite A, Morehead City, NC 28557

Phone: 252-222-0204 Fax: 252-222-0433

COVID-19 TEST SIGN IN SHEET

Name: ______________________ DOB: __________ Female/Male

Address: ______________________ Zip code: __________ Cell # __________

Insurance: ______________________ Member # __________ Group # __________

Policy holder: ______________________ Policy holder DOB: __________

Exposure: Yes / No *If yes, when was your last exposure: __________

Allergies: ______________________

Email address: ______________________

*Circle any symptoms you are experiencing:

sinus congestion sinus pressure body aches chills cough sore throat fever nausea

diarrhea vomiting chest pain chest tightness wheezing rash shortness of breath

yellow-green thick sputum bloody sputum yellow sputum cyanosis runny nose

change in mental status hypotension tachycardia

I hereby authorize Carolinas Urgent and Primary Care to examine me, including X-ray and procedures deemed appropriate by the treating provider if indicated by my exam, and to release my records to anyone I designate. I further authorize treatments deemed necessary by the findings, and wish all my medical records held in strict confidence to not be given to anyone without my written consent. I acknowledge that I am legally responsible for all charges and connection with the medical care and treatment provided by Carolinas Urgent and Primary Care. I also acknowledge that Carolinas Urgent and Primary Care is not responsible for the turn-around time for test results that are sent to an outside lab to be performed. I understand my insurance carrier may not approve or reimburse my medical services in for usual and customary rates, benefit exclude, coverage limits, lack of authorization, or medical necessity. I understand I am responsible for fees not paid in full, copayments, and policy deductibles and coinsurance except where my liability is limited in contract, state, or federal law.

Signature ______________________ *Date* ______________________