STAY SAFE N

2020-2021 COVID-19 Testing Registration Form

REQUIRED INFORMATION FOR PERSON RECEIVING TEST

Please complete 1 form for each individual being tested for COVID-19.

One registration form must be completed each time a person is tested.

Insurance information is for lab purposes only. You will not be billed for any co-pays, co-insurances, or deductible costs for testing. If you are uninsured, the state will pay for testing costs.

Facility name	
☐ Staff ☐ Resident *If resident is checked, is the facility billing insurance? ☐ Yes ☐ No	
Last name	First name
Middle name SSN—last 4 digits	Sex (M/F) Date of birth (MM/DD/YYYY) Age
Address	
City	State Zip
Phone	
INSURANCE INFORMATION	
	Policy holder
Person is uninsured	☐ Self (skip section below) ☐ Spouse ☐ Parent ☐ Other
Primary insurance company name	Policy holder last name
Insurance ID#	First name
Group #	Date of birth (MM/DD/YYYY)