



COVID EVENT SUPERBILL

DATE: _____

PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: _____ GENDER: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

PREFERRED LANGUAGE: _____

INSURANCE PROVIDER: _____ MEDICAL #: _____

MEDICAL RELEASE- THE PATIENT ABOVE AGREES THAT VIRTUAL HEARING SOLUTIONS MAY SHARE RESULTS TO EVENT ORGANIZERS FROM _____

PATIENT SIGNATURE: _____

UNDER 18 YEARS OLD PARENT CONSENT :

I UNDERSTAND I NEED TO SIGN THIS BEFORE MY CHILD CAN BE TESTED.

I, _____, GIVE CONSENT TO VHS AND ITS EMPLOYEES AND/OR CONTRACTORS TO EXAMINE AND TEST MY CHILD _____

PARENT/GUARDIAN SIGNATURE: _____

MEDICAL STAFF USE ONLY

TESTED BY: _____

RAPID TEST RESULTS:

ANTIGEN: P___ N___ ANTIBODY: P___ N___

COVID CODES:

___ U0001-CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel

___ 86328- Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2(SARS-CoV-2) (Coronavirus disease [COVID-19])

___ G2023-COVID19 Specimen Collection (Any Source).

___ 1) Super Bill Antibodies Test/ Specimen (U0001, U0004, 86328, G2023,

___ 2) Super Bill Swab Test/Specimen (U0001, U0002, U0003, G2023

___ 3) Super Bill Swab/Antibodies Test/ Specimen (U0001, U0002, U0004, 86769, G2023)

___ 4) Super Bill Antigen Testing (99072,87811,87428)

___ 5) Superbill Rapid Retest /Specimen (U0001, 86328, G2023)