COVID Test Site Patient Education AND Registration

>>PUT CAR INTO <u>PARK</u> AND ENGINE <u>OFF</u> EXCEPT WHEN LINE MOVING FORWARD<<	
Mandated quarantine until test results available	**Quarantine Directive for King County:** "Everyone with COVID-19 symptoms (fever, cough, and/or difficulty breathing) who has a test result pending**, shall stay in a quarantine location** in accordance with CDC and Public Health guidance." www.Kingcounty.gov
Insurance coverage	All insurance carriers in WA must cover the cost of testing. Assistance is available through our billing office for anyone without insurance. Missing insurance information can be phoned in to 425-831-2314. If reach secure voice mail leave missing information along with patient name, date of birth, and a call back number.
Test results available through patient portal	Assure email address on registration form is legible; you will receive an invitation for access to the portal which you must accept (watch junk mail, too). Results available for your review on portal as soon as released. Anyone with a positive result will also receive a phone call to review any questions. Negative results will also be relayed to anyone without a portal account. Turn-around time for test results is 3-7 business days.
Links to education	https://www.doh.wa.gov > COVID-19 page > FAQ's
Sample collection	The FDA has approved the following process for collecting your own sample: 1. Insert swab as far into one side of nose as tolerable 2. Circle the interior lining of the nose 4 times 3. Move same swab into the other side of the nose and repeat process 4. Staff will assist depositing swab into transport container labeled with name and date of birth

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Testing community members for the COVID virus is only recommended for those with current symptoms or a direct exposure in the past few days. Please indicate your symptoms:

- ☐ Fevers or fever symptoms
- ☐ Sore throat
- ☐ Difficulty breathing; chest heavy
- ☐ Deep cough
- ☐ Nausea or diarrhea
- ☐ Direct exposure to a confirmed COVID case

Patient Information **PLEASE PRINT**

Last Name_____ First Name_____ MI_____

Date of Birth_____

If patient is under 18 years, Parent Full Name _____

Mailing Address _____

City_____ State _____ Zip_____

Phone (_____) _____ SSN_____ (65+ and VA)

Email Address_____

Insurance Information:

Please complete if someone other than you is the subscriber to the policy.

Subscriber Full Name _____ Date of Birth_____

If Card Not Available for Imaging:

Insurance Company_____ Employer_____

Member ID_____ Group_____