

NextCare Patient Financial Responsibility Form for COVID-19 Testing

Thank you for choosing NextCare as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare. If you have received this form, you have discussed having a specimen collection completed for Coronavirus (COVID-19) with the provider-on-duty. We ask that you read and sign this form to acknowledge your understanding of your financial responsibilities for COVID-19 test processing.

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment of his/her treatment, laboratory services, and care.

Health Insured Patient Visit

- We are pleased to assist you by obtaining a specimen to be sent to a commercial laboratory to test for Coronavirus; however, due to the fluidity of the COVID-19 health emergency, contracted insurance coverage benefits have not been finalized.
 - Current news media has communicated that patients with health insurance may not be responsible for the payment of co-pays, co-insurance, or deductibles for COVID-19 tests. Although we expect this will be the how insurance companies will approach the COVID-19 test, at this time, we cannot guarantee that your insurance will cover the cost of this test.
 - Note that co-pays, co-insurance, and deductibles for today's provider evaluation for illness are a separate and applicable payment that is required at the time of service.
- I understand that I may receive a separate billing for the processing of the COVID-19 lab specimen by the lab vendor (QUEST, Sonora Quest, CPL or LabCorp) that performs my COVID-19 test and that if these charges are not reimbursed by my insurance plan, I will be responsible directly to the lab vendor for any charges not covered.

By my signature below, I acknowledge and understand that any charges not covered by insurance are ultimately my responsibility and it is my obligation to be aware of my insurance's requirements, coverages, deductibles, and payments.

Self-Pay and NextCare discount program (Advantage and ValueCare) Patient Visit

- By signing below, I acknowledge that I have been informed of my responsibility to pay for the professional services or supplies provided to me today by NextCare. I understand that the costs for COVID-19 specimen and test processing by the laboratory vendor (QUEST, Sonora Quest, CPL or LabCorp) will be billed and will be paid directly to that vendor.
 - I acknowledge and fully understand that the service(s) requested today will not be billed to any insurance carrier(s) at my request.

As insurance plan coverage is not being filed, I understand I must pay for all specimen test processing charges, as billed, directly to the lab vendor.

Note: the cost charged by the lab vendor to test your specimen for coronavirus has not yet been finalized. Our best estimate is that the charge from the lab vendor to perform this test for you will be between \$150 - \$200.

Acknowledgment: I have read, understand, and agree to the provisions of this **Patient Financial Responsibility Form:**

Print Last Name First Name

Date of Birth

Signature of Patient or Legal Guardian

Today's Date

Witness Signature

Today's Date