

Clinic/Facility Name: _____

Account #: _____

Provider(s): _____



1 Industry Drive, Henderson, NC 27537

Phone: (252) 572-2795

Fax: (252) 572-4595

CLIA ID: 34D2141858



Information highlighted in RED is required. Attach a copy of patient ID & insurance card.

COVID-19 REQUISITION

1. Patient Demographics

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Social Security #: _____ Gender: _____

Address: _____ City/State/Zipcode: _____ ☐ M ☐ F

Phone #: _____ Email Address: _____

Bill To: ☐ Client Bill Race: _____ Ethnicity: _____

2. Test Selection and Diagnosis Code Selection

☐ **720100 COVID-19 SARS-COV-2 by RT-PCR** **U0003**

COVID-19 DX CODES

☐ **R05**
Cough

☐ **R50.9**
Fever, unspecified

☐ **Z03.818**
Encounter for observation for
suspected exposure to other
biological agents ruled out
*For cases where there is a concern
for possible COVID-19 exposure*

☐ **Z20.828**
Contact with and (suspected)
exposure to other viral
communicable diseases.
*Only to be used if actual exposure
with someone confirmed to have
COVID-19*

☐ **R06.02**
Shortness of Breath

☐ **Z11.59**
Encounter for screening
for other viral diseases



Supporting
Boosting
Servicing
Furthering
Accelerating
Bolstering
The Buckeye
Bounceback
Advancing
Strengthening
Encouraging

Adams	Hamilton	Noble
Allen	Hancock	Ottawa
Ashland	Hardin	Paulding
Ashtabula	Harrison	Perry
Athens	Henry	Pickaway
Auglaize	Highland	Pike
Belmont	Hocking	Portage
Brown	Holmes	Preble
Butler	Huron	Putnam
Carroll	Jackson	Richland
Champaign	Jefferson	Ross
Clark	Knox	Sandusky
Clermont	Lake	Scioto
Clinton	Lawrence	Seneca
Columbiana	Licking	Shelby
Coshocton	Logan	Stark
Crawford	Lorain	Summit
Cuyahoga	Lucas	Trumbull
Darke	Madison	Tuscarawas
Defiance	Mahoning	Union
Delaware	Marion	Van Wert
Erie	Medina	Vinton
Fairfield	Meigs	Warren
Fayette	Mercer	Washington
Franklin	Miami	Wayne
Fulton	Monroe	Williams
Gallia	Montgomery	Wood
Geauga	Morgan	Wyandot
Greene	Morrow	
Guernsey	Muskingum	