

A Squared Primary Care, PLLC
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CORONAVIRUS/COVID-19 DRIVE -BY TESTING

Name: _____ Date: _____
DOB: _____ Age: _____ Gender: _____ Referred by: _____
Address/Zip Code: _____
County(For Reporting Purposes) _____
Best Contact Number: _____ (Circle cell/home/work)
Email: _____

If under age 18, please list the guardian's contact information and authorization signature for testing.

Can we leave a detailed message text or email? (Circle) Yes No
Can we send secure communications using Virtru (www.virtu.com) ? (Circle) Yes No

Coronavirus exposure risk:

Have you traveled within the last 14 days? (Circle) No Yes Where? _____

Symptoms: (Circle) Fever Cough Shortness of Breath Sore Throat Fatigue
Flu-Like Symptoms Loss of Sense of Taste & Smell Headache Muscle Pain Nausea
Congestion Runny nose Diarrhea

Other Symptoms/Duration of Symptoms: _____

Medical History: _____

Allergies: _____

Medications: _____

Surgeries: _____

Flu/Influenza shot received this season: Yes No

COVID-19 Vaccine received: Yes No

If yes, please circle which vaccine you received: Moderna Pfizer Janssen other: _____

*We will not be taking over your care from your usual providers (unless you are a member of the practice).

I authorize A Squared Primary Care to charge my credit card. The practice will generate an invoice that I can submit to my health insurance company.

Patient or Guardian (Please Print): _____

If Guardian (Circle): Parent Child Other _____

Patient or Guardian Signature: _____
 Verbal consent Staff Initials _____

A Squared In-House Test Fees

If you have a sore throat at any time we recommend testing for strep throat as well. During the typical flu season (October through March) we recommend the flu test in addition to COVID testing if you are having symptoms.

Test Name	CPT	Modifier	Charge	Paid
SARS-CoV-2 Rapid PCR (Cepheid) <12 hours	87635	QW	\$225.00	\$225.00
SARS-CoV-2 Rapid PCR (Cepheid) < 2 hours	87635	QW	\$250.00	\$250.00
SARS-CoV-2 Rapid PCR/RSV/FLU A/B (Cepheid 4plex) <12 hours	87635	QW	\$225.00	\$225.00
SARS-CoV-2 Rapid PCR/RSV/FLU A/B (Cepheid 4plex) < 2 hours	87635	QW	\$250.00	\$250.00
SARS-CoV-2 PCR Nasal Swab (LabCorp/Quest) <96 hours	87635		\$150.00	\$150.00
SARS-CoV-2 Antigen Nasal Swab (Quidel) <90 minutes	87426		\$125.00	\$125.00
Rapid Influenza A and B	87804		\$30.00	\$30.00
Rapid Strep or RSV	87880			
	87807		\$30.00	\$30.00
At-Home COVID-19 Test (2 Tests) with Medical Consultation	87811		\$50.00	\$50.00

Balance: \$0.00

* <https://www.cepheid.com/coronavirus>

+ www.quidel.com

Credit Card Information (Cancellations within 24 hours of appointment may incur a \$50 charge.)

Name (please print name as it appears on card): _____

Credit Card (please circle one): VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address (Street, City, State, Zip Code): _____

Cardholder's Signature: _____ Date: _____