COVID -19
INITIAL REGISTRATION FORM

Navigate to the following Link and use the steps below to assist you with responses when filling out the Online Registration Form:

https://app.smartsheet.com/b/form/5619f4c1079c4526a99df0a20180817e

1. Step One
   Complete all items marked with *

Patient First Name *

Patient Middle Name

Patient Last Name *

Date of Birth *

Social Security Number

⬅ **DO NOT FILL IN SOCIAL SECURITY NUMBER**

Gender *

Select or enter value ▾

Street Address *

Apt#

City *

State *

Zip Code *
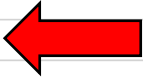
Home Phone *

2. Step Two
   Fill in your insurance information. The district's insurance will be billed. There will be no effect on your personal insurance plan or your deductible. There is no copay.
   If you do not have insurance, you will need to fill out the additional Uninsured Patient Form.
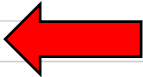
Insurance Information

Patient Is Un-insured *

Select or enter value ← **Select if Un-Insured**

Testing Type/Consent

Client # * (Access Code)

← **CLIENT ID ACCESS CODE # IS:**
_____

Covid Test Type *

Select or enter value ▾
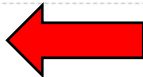
Consent to Test *

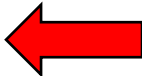← **Enter PCR for Both**

Select or enter value ▾

Guarantor Information

Please Upload Copy of Face Sheet and Insurance Card.

Drag and drop files here or browse files ← **Take a photo of your Insurance Card and upload it here**

☐ Send me a copy of my responses

Submit ← **Click "Submit"**