

NASO-PHARYNGEAL RT-PCR TESTING GUIDELINES

EXPOSURE

IF THE EXPOSURE WAS CONTINUOUS, TEST RIGHT AWAY

ONE TIME EXPOSURE- MUST CALCULATE 5-6 DAYS INCUBATION +3 DAYS FOR SYMPTOM ONSET FOR A MINIMUM OF 8-14 DAYS POST EXPOSURE,

A RETEST MAY BE REQUIRED IF PATIENTS CHOOSE TO BE TESTED TOO SOON.

SYMPTOMS

3-8 DAYS POST SYMPTOM ONSET WITH THE 8TH DAY BEING IDEAL.

TRAVEL/SCHOOL

NO GUIDELINES MAY IMMEDIATELY TEST.

STANDARD OPTION-\$175.00

TAKES 2-3 DAYS TO RECEIVE RESULTS

EXPEDITED-\$200.00

24-48 BUSINESS HOURS TO RECEIVE RESULTS. 95% OF THE TIME THE RESULTS REPORT OUT THE VERY NEXT DAY HOWEVER THE LAB GUARENTEE IS 24-48 HOURS. IN THE EVENT THAT AN UNFORSEEN EVENT OCCURS AND THE RESULTS DO NOT REPORT OUT IN 24-48 HOURS DUE TO FEDEX MISDIRECTING A PACKAGE OR OTHER EVENT OUT OF VALLEY MEDICAL SERVICES' CONTROL PATIENTS WILL BE REFUNDED THE \$25.00 EXPEDITED FEE. WE CANNOT BILL INSURANCE WE ARE BEING TOLD THEY WILL REIMBURSE BUT WE CANNOT GUARENTEE IT. IF YOU ARE CONCERNED ABOUT REIMBURSEMENT PLEASE CALL YOUR INSURANCE COMPANY TO VERIFY COVERAGE BEFORE TESTING.

*** IF THE LAB RUNS THE SPECIMEN THE COST OF THE TEST CANNOT BE REFUNDED.**

WEEKEND TESTING

TESTING THAT OCCURS ON FRIDAYS WILL BE RECEIVED BY THE LABORATORY ON SATURDAY

MOST OF THE TIME RESULTS WERE REPORT OUT BY SUNDAY MORNING FROM FRIDAY'S COLLECTIONS HOWEVER; THE LAB GUARENTEE IS 24-48 BUSINESS HOURS ONCE THE SPECIMEN REACHES THE LABORATORY; **NEITHER FEDEX NOR THE LABORATORY** RUNS ON SUNDAY SO THEREFORE THE GUARENTEE FOR EXPEDITED TESTING IS NO LATER THAN MONDAY EVENING BETWEEN 7-10 P.M. IF SOMETHING SHOULD OCCUR AND RESULTS ARE NOT REPORTED UNTIL MONDAY NIGHT THE LAB IS STILL WITHIN THEIR GUARENTEE AND THE EXPEDITED FEE **WILL NOT BE REFUNDED.**

RESULTS WILL BE REPORTED BY EMAIL OUR RECEPTIONIST WILL CALL AND VERIFY YOU HAVE RECEIVED THE RESULTS THE FOLLOWING DAY, IF THE VIRUS IS DETECTED OUR PROVIDER WILL CALL IMMEDIATELY AND YOU WILL NOT RECEIVE A CALL FROM OUR RECEPTIONIST. NON-DETECTED RESULTS ARE STILL FOLLOWED UP BY OUR PROVIDER 1-2 BUSINESS DAYS IN WHICH SHE ANSWERS ANY QUESTIONS PATIENTS MAY HAVE ABOUT THE VIRUS.

I UNDERSTAND THAT THE GUIDELINES HAVE BEEN PROVIDED TO ME TO MAKE AN INFORMED EDUCATED DECISION REGARDING COVID 19 TESTING AND THAT IF I CHOOSE TO TEST EARLIER THAN THE RECOMMENDED TIMEFRAM GUIDELINES THAT I MAY NEED TO LIMIT CONTACT WITH OTHERS AND RETEST IF A NON DETECTED RESULT IS REPORTED. THESE GUIDELINES ARE SETFORTH BY THE CONSULTING PHYSICANS OF THE LABORATORY AND PROVIDER OF VALLEY MEDICAL SERVICES. THIS IS A DIRECT ORDER SERVICE IF PATIENTS HAVE OTHER QUESTIONS REGARDING TESTING NOT COVERED IN THESE GUIDELINES, THEY ARE ADVISED TO CONSULT THEIR PRIMARY CARE PROVIDER BEFORE SUBMITTING TO COVID 19 TESTING THROUGH VALLEY MEDICAL SERVICES. BY SIGNING THIS FORM, I THOROUGHLY UNDERSTAND THE RECOMMENDED GUIDELINES AND PROCEDURES OF THE LABORATORY AND VALLEY MEDICAL SERVICES. BY LAW, ALL DETECTED RESULTS WILL BE REPORTED TO THE FLATHEAD COUNTY HEALTH DEPARTMENT.

NAME_____

DOB_____

TELEPHONE_____

PHYSICAL ADDRESS (CITY, STATE,ZIP)_____

MAILING ADDRESS_____

EMPLOYER_____

EMAIL ADDRESS_____

I HAVE READ AND THOROUGHLY UNDERSTAND VALLEY MEDICAL SERVICES' COVID 19 TESTING GUIDELINES AND RECOMMENDATIONS THAT WERE PROVIDED TO ME ON _____, 2020. I ACKNOWLEDGE THE EXPEDITED OPTION TURN AROUND TIME IS AFTER THE LAB RECEIVES THE SPECIMEN AND REFUND/WEEKEND TESTING INFORMATION, AS WELL AS THE FACT I HAVE NOT MET WITH A PHYSICIAN PRIOR TO TESTING AND THAT ANY QUESTIONS OUTSIDE OF THESE GUIDELINES OR REGARDING TESTING NEED TO BE DIRECTED TO THE PATIENTS PRIMARY CARE PROVIDER PRIOR TO TESTING. I UNDERSTAND THAT THE INFORMATION PROVIDED TO ME BY VALLEY MEDICAL SERVICES' STAFF MEMBERS PRIOR TO TESTING ARE GUIDELINES PROVIDED BY THE PERFORMING LABORATORY AND THE STAFF SCHEDULING APPOINTMENTS OR CONDUCTING COLLECTIONS ARE NOT MEDICAL PHYSICIANS AND THEREFORE SCOTT INC. DBA VALLEY MEDICAL SERVICES' IS IDEMNIFIED AND HELD HARMLESS REGARDING ANY MISINTERPRETATION OR MISUNDERSTANDING OF ANY OF THE OUTLINED TESTING RECOMMENDATIONS.

OUR PROMISE OF PRIVACY AND CONSENT TO PATIENT RECORDS OUR OFFICE IS COMMITTED TO COMPLIANCE WITH HIPPA GUIDELINES BY:

- PROVIDING APPROPRIATE SECURITY FOR OUR PATIENT'S RECORDS.
- PROTECTING THE PRIVACY OF OUR PATIENT'S MEDICAL INFORMATION.
- PROVIDING OUR PATIENTS WITH PROPER ACCESS TO THEIR MEDICAL RECORDS.
- APPROPRIATELY MAINTAINING OUR PATIENT INFORMATION AND BILLING PROCESSES IN COMPLIANCE WITH NATIONAL STANDARDS.
- A COPY OF OUR PRIVACY POLICY IS AVAILABLE UPON REQUEST.

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PATIENT SIGNATURE