

Prestige Pediatric & Family Urgent Care Clinic
Advanced Beneficiary Notice (ABN) for Rapid Antigen COVID-19 Test

- Patients are responsible for the \$150 payment for the Rapid Antigen COVID-19 Test at the time of service.
- By providing us with current and updated information on yourself and your insurance company it will allow us to bill your insurance for the Rapid Antigen COVID-19 Test.
- If the insurance covers the Rapid Antigen COVID-19 Test the insurance company will send a reimbursement check that will be given the time it is received

If you are receiving the Rapid Antigen COVID-19 Test check this box +

Sign:	Date:
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Financial Policy for PCR, NAAT COVID-19 Test

- Patients are responsible for the minimum of \$50 and maximum \$75 payment for the PCR,NAAT COVID-19 Test at the time of service if the patient has insurance.
- By providing us with current and updated information on yourself and your insurance company it will allow us to bill your insurance for the PCR,NAAT COVID-19 Test.
- If the insurance covers the PCR,NAAT COVID-19 Test the insurance company will send a reimbursement check that will be given the time it is received.
- If the patient does not have insurance the PCR,NAAT COVID-19 Test will be a minimum of \$100 and a maximum of \$125

If you are receiving the Test PCR,NAAT COVID-19 check this box +

Sign:	Date:
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