



OPERATING FRANCES NELSON AND SMILEHEALTHY

Promise Healthcare COVID-19 Testing

Promise Healthcare offers Covid-19 IgG antibody testing and Nasopharyngeal PCR testing. We do not offer antibody IgM testing. Our testing is ordered by a medical provider as part of a medical visit.

Promise Healthcare will bill health care coverage for those seeking care and testing for COVID-19. Charges for a visit that includes our COVID-19 care can range from \$150 to \$230. Laboratory charges are not included. Promise Healthcare is using the Carle laboratory for COVID-19 testing who will bill coverage or the patient separately. Carle laboratory rates are \$90 to \$195 and subject to change.

Due to a Public Health Emergency declared by the Secretary of Health and Human Services that is renewed for 90 day increments, currently effective through Dec. 31,2020, patients should not have out of pocket costs (cost sharing) for either the COVID-19 related visit or lab for visits that meet medical necessity including those with potential exposure and/or with symptoms. Patients requesting COVID-19 services that do not meet medical necessity will be financially responsible for both clinic and lab charges.

Promise Healthcare will call with results as soon as they are available (including weekends) and can provide electronic or written documentation of results on weekdays only. Documentation will include the lab report. The test results will indicate NOT-DETECTED or DETECTED. They do not indicate NEGATIVE or POSITIVE. Promise cannot change Carle's lab results, wording or testing times or dates and cannot write a letter stating that a patient is negative for COVID-19.

For those whose reason for a clinic visit and testing may include documentation for travel, Promise cannot guarantee the visit meets medical necessity and may include patient responsibility. It is the patient's responsibility for knowing the testing requirements for their travel.

I have read and understand this form and verified that the spelling of my name is correct and matches any documents I might be presenting such as a passport or driver's license for travel or employment needs.

Patient Name: _____ DOB _____

Patient Signature: _____ Date: _____

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