301-330-0006
301-330-0444
customerservice@alldaymedicalcare.com
AllDayMedicalCare.com
702 Russell Avenue
Suite 100
Gaithersburg MD 20877

COVID-19 REGISTRATION FORM

NAME: DOB:

ADDRESS:

(CITY) (STATE) (ZIP)

(PHONE NUMBER)

(EMERGENCY CONTACT) (EMERGENCY CONTACT NUMBER)

INSURANCE NAME:
POLICY HOLDER NAME: DOB:
ID NUMBER:
GROUP NUMBER:

COVID-19 SURVEY QUESTIONS & TESTING OPTIONS

Testing Options:

☐ **FLU** ☐ **STREP** ☐ **COVID (Rapid Testing)** ☐ **COVID (PCR)**
(We also offer travelers)

1. Have you traveled to a country with a high number of COVID-19 cases (China, South Korea, Italy, Iran, France, or Spain) in the last 14-30 days?
   ☐ **Yes or** ☐ **No**

2. Have you been exposed to anyone within the last two weeks with a lab-confirmed positive test for COVID-19, or anyone who is currently under mandatory quarantine for possible COVID-19 exposure?
   ☐ **Yes or** ☐ **No**

3. Do you currently have, or recently had, a cough, shortness of breath, headache, GI symptoms such as diarrhea OR a fever of 100.4 degrees or more? ☐ **Yes or No** ☐

FINANCIAL AGREEMENT & CREDIT/DEBIT CARD AUTHORIZATION FORM

I understand that I am responsible for all fees associated with each visit and the healthcare services provided (the "required fee"). The required fee includes the amount not covered by insurance, including co-pays and deductibles.

Once an insurance plan has paid its portion of the required fee for the treatment provided, an Explanation of Benefits (EOB) will be provided by the insurance company. The EOB will explain the amount of the required fee paid by insurance and state the balance due if any.

I understand that, if I do not have insurance coverage, the required fee must be paid at the conclusion of the visit.

By providing my credit/debit card information to All Day Medical Care LLC ("ADMC") and signing below, I authorize ADMC to charge/debit that card for the amount of the required fee not covered by insurance.

CREDIT/DEBIT CARD INFORMATION: When your credit/debit card information is accessed through the payment terminal, it is encrypted and cannot be viewed or accessed by ADMC or its management company, All Day Medical Care, LLC. Our payment transaction system through Prognocis® is registered with Visa and MasterCard.

Check-One: ☐ Visa ☐ MasterCard ☐ Discover ☐ American

Express Complete Credit Card Number: ____________________

Card Verification Value (CVV) Number: __________

Expiration: __________

Credit Card Billing Address:

____

____
(Please type your electronic signature)
Signature of Patient or Responsible Party

____
Printed Name of Patient

Date: __________

Email Address: ____________________

____
Printed Name of Responsible Party (if applicable)

____
Phone Number

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Telemedicine/virtual visits

You have the convenient access to our trusted doctors and health care providers from the comfort of your home or office, Monday – Friday from 9 am – 5 pm. Just like an office visit, you can use your insurance for these virtual visits with our highly trained providers.

Our goal is to provide you, your family members, and the surrounding communities in Maryland a convenient, high-quality and affordable way to stay healthy.

Please call our office to book the appointment if appointment is needed. Our office phone number is 301-330-0006.

Instructions to get COVID-19 Results

You will receive a link via email to register for the patient portal. Once you are registered then you can view your results under My Health record tab (Lab Results). If you are unable to register then please call the office for assistance.

We will also call you to inform you about your COVID-19 test results.