



NO-FEE COVID-19 TESTING AT MEADOWLANDS YMCA

Swab-and-Go Drive Thru Test Antibody Test (requires blood)

Patient Information (test results will be sent to patient)

Patient Last Name: _____ Patient First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Gender: _____

Email: _____ Phone Number: _____

SS#: _____ - _____ - _____

Health Insurance Information (no co-pay)

Insured's Name (if different from above): _____

Insurance Carrier (primary) : _____

Policy/ID#: _____ Group #: _____

Insurance Carrier (secondary, if applicable) : _____

Policy/ID#: _____ Group #: _____

If no insurance, check here: There is No-Fee

TURN OVER TO COMPLETE SECOND SIDE



Patient Consent: I authorize insurance payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me.

I authorize A2Z Diagnostics (Lab) to share test results collected today with the Meadowlands YMCA and its affiliates for the purpose of reporting results to me or my authorized representative in accordance with the Accountability Act of 1996 (HIPPA). I authorize the release of this information to Federal, State and Local agencies for the purpose of data collection and contact tracing. I understand that signing this authorization is voluntary but that if authorization is not given, the Lab may refuse to perform the test.

Patient Signature: _____

Test Site: Meadowlands YMCA
390 Murray Hill Parkway
East Rutherford, NJ 07073

Swab Test: This is a drive-thru test. Please line up on Murray Hill Parkway. You will be directed where to go. **You will remain in your car for your test.**

Antibody Test: The test requires the collection of a vial of blood. Please park in the designated area and enter the building through the Gatorade Gym entrance in the back.

PLEASE BRING THIS COMPLETED FORM ON TESTING DAY.

Testing is conducted only on specific days. Please check meadowlandsymca.org/help for testing schedule or call 201.955.5300.

