INSIGHT LIFE CARE COVID-19 TESTING REQUEST FORM

DEMOGRAPHICS

- Name
- Date of birth
- Address
- Phone
- Email

INSURANCE

- Insurance name
- Policy/ID #
- Group #
- Medicare #
- Medicaid # (specify state)

PAYMENT INFORMATION*

- Name on card
- Card number
- Expiration date
- CVV

*Testing is billed to your health insurance. If you do not have health insurance, the cost is $150.
Non-members must pay a $50 administration fee for the test.