



**NEW ACCOUNT FORM** (all fields must be completed)

**CAMP**

Current Date: \_\_\_\_\_

Submitting Representative \_\_\_\_\_

WiFi Internet Connection at Test Site

WiFi     Ethernet     None

**CAMP NAME** \_\_\_\_\_

Will A2Z be supplying swabber?     Yes     No

Will QR codes need to be created for CAMP Testing Registration?     Yes     No

**Number of Tests Needed for Camp**

Date Of Testing	Hours Of Testing	# of PCR	# of Antigen	# of Rapid PCR (Accula)

**CAMP LOCATION & CONTACT INFORMATION**

Address \_\_\_\_\_ Suite/Room/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camp Coordinator \_\_\_\_\_ Email \_\_\_\_\_

**Patient Results**

Will CAMP Coordinator Receive all Patient Results?     Yes     No

If YES enter CAMP Coordinator EMAIL \_\_\_\_\_

Would you like patients to receive results via Text or Email?     Yes     No

**Payment – Check all that apply**

Insurance     Yes     No

Client bill (CAMP to be Billed & Pay for Testing for Uninsured/Foreign Individuals)     Yes     No

If yes, what is the amount to be paid?    Antigen \$ \_\_\_\_\_    PCR \$ \_\_\_\_\_    Rapid PCR \$ \_\_\_\_\_

Patient Pay (Uninsured/Foreign Individuals to Pay for Testing) \*     Yes     No

If yes, what is the amount to be paid?    Antigen \$ \_\_\_\_\_    PCR \$ \_\_\_\_\_    Rapid PCR \$ \_\_\_\_\_

Camp to pay for A2Z swabber (\$ \_\_\_\_\_)     Yes     No

**\*All Payment Amounts Require A2Z approval**

Is a Contract Required?     Yes     No    Financial Details Approved by: \_\_\_\_\_

**Comments**

Disclaimer:

A2Z Diagnostics will not test individuals that are not registered, and payment options are selected