



NEW ACCOUNT FORM (all fields must be completed)

EVENT

Current Date: _____

Submitting Representative _____

WiFi Internet Connection at Test Site

WiFi Ethernet None

EVENT NAME _____

Will A2Z be supplying swabber? Yes No

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

Number of Tests Needed for Event

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

EVENT LOCATION & CONTACT INFORMATION

Address _____ Suite/Room/Floor _____

City _____ State _____ Zip _____

Main Phone _____ Cell Phone _____

Event Coordinator _____ Email _____

Patient Results

Will EVENT Coordinator Receive all Patient Results? Yes No

If YES enter EVENT 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 (EVENT 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 \$ _____

Event 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