

# EMPLOYEE Information Sheet

Staff Member's Name

PLEASE PRINT LAST, FIRST

Employer/Facility

Date of Birth

Last 4 of Social Security

Race and Gender

Personal Phone #

Street Name with Zip Code

County of Residence

Insurance Name and Number

Insurance Group Number

Name on insurance plan, if  
different than the patient

Copy of card front and back is recommended.

ICD-10 Code

Z20.828

## Ordering Physician will supply ICD-10 Code as applicable

"I consent to the use of the above information for purposes of health insurance reimbursement for laboratory testing services and any related payment or healthcare operations purposes. I specifically authorize Caswell Developmental Center to share this information with Labcorp or another laboratory services vendor that performs testing, and with the agents and employees thereof, for the same purposes. I understand that this consent will remain valid unless and until revoked."

Signature:

Date:

**ICD-10 CODE**

Z20.828

**DESCRIPTION**

"Contact with and (suspected) exposure to other viral communicable diseases."

U07.1

COVID-19: Confirmed Case or Asymptomatic but tested positive