

Thank you for considering GreenMCMeds as your Clinical Liaison to provide testing, education, and guidance to prevent the spread of COVID-19. GreenMCMeds has been providing on-site wellness services nationally since 2014. We can work in every state in the US. We've applied our expertise to develop programs for on-site COVID testing specific to the needs of every sector we serve, creating programs, strategies, and policies.

GreenMCMeds will come to your site of choice and set up COVID-19 PCR testing. This service is covered 100% for insured, uninsured, and undocumented patients with no co-pay, deductible, balance-billing, or out-pocket-expense thanks to the CARES Act.

Insurance information is needed in order for the test to be covered however, there is no billing involved that the patient is responsible for. The cost of the test is reimbursed to the lab by the government under the CARES Act. For those who do not have insurance or are undocumented, they will be covered and submitted through the CARES Act.

Below you will find an outline of the logistics of how GreenMCMeds' mobile testing works at your site.

1. Identify a site for testing
2. Determine the need
 - a. Minimum number of patients being tested must be 20 or more in a 4-hour period.
 - b. If you do not have 20 patients, please contact us and we can work something out.
3. Identify the time(s) and date(s) testing is needed
4. Identify a medical point person at the site to relay test results to patients
5. Identify the number of patients that will be tested
 - a. This will help identify how many Registered Nurses (RN) to deploy per site
6. Once site has decided to set up testing, we will mail test supplies to the site before test date.
 - a. The Test Requisition and Attestation Forms will be emailed to the site to distribute via email or print for the site to hand out to the patients. A few will be mailed with supplies as well.
7. Provide the Test Requisition Form to the patients prior to testing to ensure expedited test times.
 - a. Patient who are uninsured will also sign an Attestation Form which will be sent to the CARES act for coverage.
 - b. For reoccurring test sites, the Requisition and Attestation Form can be copied by the site to avoid filling forms out each time the patient is tested.
8. Once site has identified time(s) and date(s) of testing, we will deploy our RN staff to the site.
9. A location at the site is selected to identify where testing will take place.
 - a. Tables, chairs, test supplies box, etc. must be set up at the site for the RNs to come and start testing
10. The RN will collect the Requisition Form (and Attestation Form if applicable) before collecting a sample.
 - a. Keep in mind, if the Requisition Form isn't fully completed when submitted to the lab, the sample will not be ran. This includes patient demographics and insurance info only.
 - b. A sample is only viable for 7 days from collection date. On the 7th day, the sample will be destroyed.
11. The RN will collect a throat swab sample, package it up, and ship it out via UPS next day air with prepaid shipping label and packaging that we provide.
 - a. We have the capability to collect a nasal sample, but most opt out of this option as it is more invasive and uncomfortable. We will have a few nasal swab kits available in the event someone requests this option.
12. Results will be posted 36-72 hours in the portal from the time the sample arrives at the lab.
 - a. Keep in mind, if your testing time frame ends past 6pm, your sample will not be picked up by UPS until next day. If you will be testing past 6pm, please allow more time for results to post in the portal
 - b. We suggest hosting testing time frames as early as possible to ensure package is picked up by UPS and shipped.
 - c. Once the site's first sample is resulted, the site contact person will receive emailed login information along with the first batch of results. The results are sent to the portal every 2 hours.

CLUB TEST SITE REQUEST FORM



Please fill this form out to set up a Mobile COVID test site at your club.

Club Name: _____

Club Address: _____

Director Name: _____

Director Cell Phone: _____

Director Email Address: _____

Number of Teams at Club: _____

Date(s) and Time(s) for Testing: _____

Will this be reoccurring testing? Yes No

Number of approx. patients testing per day: _____

Questions or Comments: _____

Please email this form to the email address below. If you have any questions, please contact us directly via phone or email. Thank you.

CDC Guidelines on COVID-19 Safety and Precautions for Youth Sports

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports-faq.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

IF A PLAYER ON A TEAM TESTS POSITIVE FOR COVID-19, DOES THE ENTIRE TEAM (IF IN CONTACT WITH THE PLAYER OR COACH) HAVE TO QUARANTINE FOR 10-14 DAYS, AS THE CDC RECOMMENDS?

It is important to consult with your local health officials to determine if your team or coaches are considered close contacts of the player who tested positive for COVID-19. Individuals who recently had close contact with a person with COVID-19 should follow CDC's guidance for when you can be around others.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

The best way to protect yourself and others is to stay home for 14 days if you think you've been exposed to someone who has COVID-19. Check your local health department's website for information about options in your area to possibly shorten this quarantine period.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a mask.

Tell your close contacts that they may have been exposed to COVID-19. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive. By letting your close contacts know they may have been exposed to COVID-19, you are helping to protect everyone.

- Additional guidance is available for those living in close quarters and shared housing.
- See COVID-19 and Animals if you have questions about pets.
- If you are diagnosed with COVID-19, someone from the health department may call you. Answer the call to slow the spread.
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

PCR COVID TESTING

<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>

CDC Guidelines on COVID-19 Safety and Precautions for Youth Sports

Who should get tested

- People who have symptoms of COVID-19.
 - People who have had close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with confirmed COVID-19.
 - People who have taken part in activities that put them at higher risk for COVID-19 because they cannot socially distance as needed, such as travel, attending large social or mass gatherings, or being in crowded indoor settings.
 - People who have been asked or referred to get testing by their healthcare provider, local external icon or state health department.
- If you do get tested or take an at-home test because you have COVID-19 symptoms or have had a close contact with someone who has it, you should self-quarantine at home pending test results and follow the advice of your healthcare provider or a public health professional.

FREQUENCY OF TESTING

- The frequency of testing for asymptomatic persons in prioritized groups (but not known to be close contacts of a confirmed case) could be informed by the current community indicators for COVID-19 including cumulative incidence in the past 7 days and test positivity rate in addition to other known factors about the epidemiology of transmission in a particular community.
- Frequency of testing could also be informed by the size of the workplace, residential setting, or gathering.
- All communities should test [close contacts](#) of cases.
 - Depending on case burden and available resources, close contacts should be tested immediately after identification as a contact, and if negative, could be tested again about 5-7 days after last exposure or immediately if symptoms develop during quarantine.
- If initial results indicate localized transmission in a selected group is high, more frequent screening of that group might be needed regardless of the community indicators.

Community indicators at the county level

(consider higher categorization based on either of the 2 indicators below)	Low	Moderate	High	Highest
Percentage of viral tests that are positive during the last 7 days	< 5%	5% to 7.9%	8% – 10%	≥ 10.1 %

Categorization and actions	
Low	Focus on ensuring testing for all close contacts of cases and potentially expanding using a tiered approach to those who might have exposure
Moderate	Weekly screening testing of select groups plus testing of close contacts
High	Weekly or twice a week screening testing of select groups plus testing of close contacts
Highest	Twice a week or more frequent screening testing for select groups plus testing of close contacts

AFTER A LARGE EVENT

You may have been exposed to COVID-19 during the event or sports camps. You may feel well and not have any symptoms, but you can still spread the virus to others. You and other participants may pose a risk to your family, friends, and community after the event.

- Consider getting tested with a viral test 3–5 days after your sports camp or event and reduce non-essential activities for a full 7 days after the event or sports camp, even if your test is negative. If you don't get tested, consider reducing non-essential activities for 10 days.
- If your test is positive, isolate yourself to protect others from getting infected.

WHAT TO DO WHEN A PLAYER OR COACH TEST POSITIVE?

First, make sure that coaches, staff, officials, players, and families know that sick individuals should not attend the sports activity, and that they should notify sports program administrators (such as the COVID-19 point of contact for your program) if they or someone in their household become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone suspected or confirmed to have COVID-19.

Second, maintain careful rosters of which players, family members, coaches, and ancillary staff attend each practice and game, and have current contact information for everyone. If a COVID-19 exposure occurs, timely notifications are critical, and this information will help contact tracing activities occur more smoothly.

Third, close off areas used by a sick person within the last 24 hours and do not use these areas until after cleaning and disinfecting them. For outdoor areas, this includes surfaces or shared objects in the area, if applicable.

Fourth, in accordance with state and local laws and regulations, sports organizations should notify local health officials immediately of anyone with COVID-19 .

Finally, if any coaches, staff members, umpires/officials, or players get sick, they should not return until they have met CDC's criteria to discontinue home isolation. For more information, particularly for those involved in youth athletics, refer to the Preparing for When Someone Gets Sick section in the Considerations for Youth Sports.

Lab Requisition Form - COVID-19

Date of Collection: / /

Time of Collection: :

LAB USE ONLY

PLACE BARCODE HERE

CLIA ID: 10D2119017
Lab Director: Wayne Cal, MD

INSTRUCTIONS:

1. Please print CLEARLY to expedite processing.
2. Provide all primary/secondary insurance information; or attach copies of patient insurance cards (front and back) in a face sheet appended to this form.

PATIENT INFORMATION (required)

Last Name: First Name: Middle Initial: DOB:

Street Address: City State Zip

Preferred Contact Phone # Phone Type Gender
() - ☐ Home ☐ Mobile ☐ Work ☐ Male ☐ Female

PATIENT INSURANCE INFORMATION (required)

Please include a photocopy of insurance card(s) (both sides).

Self Pay Patients: Please provide patient email address for PayPal Invoice

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

☐ Medicare ☐ Medicaid ☐ Insurance ☐ Client Bill ☐ Self-Pay Email: Phone:

Primary Insurance Carrier: Primary Insurance Policy/ID #: Primary Insurance Group #: If applicable

Patient Relationship to Insured:

☐ Self ☐ Spouse ☐ Dependent ☐ Other (Please Specify)

Secondary Insurance Carrier: Secondary Insurance Policy/ID #: Secondary Insurance Group #: if applicable

☐ Cash Pay Patient Phone: Patient E-Mail:

Panels w/Common ICD-10 Codes (please check if applicable)

- ☐ COVID-19 - Nasopharyngeal Swab - Oropharyngeal Swab in Media
- ☐ R06.02 Shortness of Breath ☐ R06.09 Other forms of dyspnea ☐ Z20.828 Suspected COVID-19
- ☐ R05 Cough ☐ R06.3 Periodic breathing ☐ Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- ☐ R09.3 Abnormal Sputum ☐ R07.9 Chest pain, unsp. ☐ R07.1 Chest Pain
- ☐ R50.9 Fever, Unspecified ☐ R07.81 Plerodynia
- ☐ R06.9 Abnormalities of breathing, Unspec. ☐ R53.82 Chronic fatigue, unsp.
- ☐ R06.2 Wheezing

Addl. ICD-10 Codes

1. 2. 3. 4.
5. 6. 7. 8.

PRACTICE/CLINIC INFORMATION (required)

Practice/Clinic Name: Physician NPI Number

Practice/Clinic Address:

PHYSICIAN AUTHORIZATION (required)

I confirm that this test is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for the patient listed.

Phone Number: Email Address Provider Name (if not selected below) Provider Signature

Ordering Provider (please choose one):

Patient MUST fill out PATIENT INFORMATION & PATIENT INSURANCE. All YELLOW highlighted parts must be filled before getting tested. IF you do not have insurance, please fill PATIENT INFO only and sign and attach the ATTESTATION FORM with this form.

*Patient Consent

REIMBURSEMENT: Lab will make every reasonable effort to obtain reimbursement for the ordered tests above. I hereby authorize Lab to release to Medicare and/or insurance carrier providing medical benefits to me and any health plan to which I am a member, any and all medical or other information necessary for claims purposes. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignment. I understand that if my insurance company pays me directly for the services provided by Lab that I am responsible for forwarding such payment to Lab. I understand that I am responsible for any outstanding balances, deductible/co-payments as required by my plan. This signed test request form authorizes Lab to perform the test and disclose the results to my medical practitioner (where requested). No tests other than those requested above will be performed. I authorize Lab to retain this specimen for future testing as requested.

TEST REQ. FORM PATIENT CONSENT (Required. Please see reverse for patient consent disclosure)

CLS-1000-12

REV 9/2020

PATIENT NAME (please print)

PATIENT SIGNATURE

Collector's Name



UNINSURED ATTESTATION

GreenMCMeds requests your assistance in complying with the recent legislation, the Families First Coronavirus Response Act (“FFCRA”) and the Coronavirus Aid Relief and Economic Security Act (“CARES Act”), by confirming that you do not have insurance coverage for Covid-19 testing. Please complete the following:

I attest as the patient or guarantor of this account, that I have no insurance for this service and I have no inpatient or outpatient insurance coverage at any hospital or healthcare facility that would cover these services.

Print Name

Signature

Date



GreenMCMeds has been selected as a trusted partner to provide PCR COVID-19 testing to support safe volleyball play during the current pandemic.

Our testing will provide guidance and support regarding participation and attendance for practices, games, tournaments, and other events.

Your test results will be received by a club medical representative and will be completely confidential.

You will not receive a notification of negative results. If your result is negative, you will be allowed to continue play while following all standard precautions regarding the spread of COVID-19.

You will get a call only if your result is positive. Your club will provide the appropriate guidance while following the CDC's quarantine procedures.

If you would like a copy of your results, please contact your club's medical representative.

We are happy to have the opportunity to participate in this important action to support a healthy sport environment.

Sincerely,
GreenMCMeds