



THE QUEEN'S HEALTH SYSTEMS POST-COVID CARE CLINIC ELIGIBILITY CRITERIA

- Patient must have a confirmed positive COVID-19 infection diagnosis.
- Patient must be at least 10 days' post COVID infection with no current signs and symptoms of active infection (fever $\geq 100.4^{\circ}\text{F}$ or chills, cough, shortness of breath or difficulty breathing, etc.).
- Assigned PCP may refer patient via Post COVID care referral form.
- QEC accepts most insurances **except the following**: Medicare HMO, Commercial HMO, Kaiser Health Plans, No Fault, Seoul Medical Group (SMG), Tricare Prime, or Workers' Compensation.

Referring Provider _____

Reason for Referral _____

ICD-10 Code(s) _____

PATIENT CONTACT INFORMATION

Name _____ DOB _____

Address _____

Phone Number(s) _____

Email _____ Preferred Language _____

Insurance Provider _____ Member ID _____

Date of Positive COVID-19 Test _____ Testing Site _____

REFERRING PHYSICIAN/PCP CONTACT INFORMATION

Name _____

Address _____

Phone # _____ Fax # _____

Signature _____ Date _____

Please fax this form with a COVER Sheet to (808) 691-4614. Once we receive the patient's information, we will call the patient to schedule them at the information provided above. If you have any questions, please feel free to call us at (808) 691-4970.

The information contained in this electronic message is intended for the use of the individual to whom or entity to which it is addressed and may contain information that may be privileged and confidential. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message in error, please notify the sender. Thank you.