



## 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 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 (with the most current positive test results and progress notes) \_\_\_\_\_

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.**

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