

Commitment, Quality, Community 511 NE 10th Street, Abilene, KS 67410 (785) 263-2100

Memorial Hospital Drive-Thru Covid-19 Testing

Name:			
Current Address:			
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Current Phone Number	:		
Age:	Gender: M / F	Race:	
Primary Physician:			
Name of Insurance:			
Policy # :			
Policy Holder Name:			
Policy Holder DOB:			
(Please	have insurance car	d with you upon arrival)	

Heartland Health Care Clinic staff will notify patients of results. Please complete this form prior to arrival for testing, and please bring your insurance information with you. Please remember that asymptomatic testing (exposure, pre-op screening, travel requirements) will be sent to our reference lab. Results may take 2-4 days.

Caring For You www.CaringForYou.org