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**Acceptance of Financial Responsibility for PCR Testing**

Associated Pediatric Partners SC (APP) is proud to announce that we are now able to do in office PCR testing for strep, flu, RSV and COVID-19. We are one of the first 5 private practices in the entire state to have the ability to run our own COVID PCR tests in the office to give you same day results.

PCR testing is the gold standard for infection testing as it has NO false positives and is extraordinarily sensitive at picking up even early infections. For strep throat testing, the system is so accurate that we will no longer need to send confirmatory overnight throat cultures. Rather we will be able to give your child a definitive yes or no as to whether they have strep in about half an hour.

For influenza and RSV testing the system is nearly 100% accurate in detecting these viruses and for COVID-19 it is the best system available in the US with a 98.9% sensitivity rate and no false positives. The test we are using tests for COVID-19, influenza A, influenza B, and RSV all at the same time. This is the only PCR test available for in-office testing currently. Fortunately, the test is still comparable in price to hospital-based PCR testing for just COVID-19 alone.

Many acute care clinics are using much less reliable antigen testing AND charging 3-4 x their cost to attempt to make a profit off the pandemic. Here at APP, our only desire is rapid and accurate testing of our patients, so that they can protect their families if they are positive and return to school more quickly if they are negative. Therefore, our charge for the testing is only intended to cover our costs.

Fortunately, most insurance companies including Medicaid cover in-office PCR testing. However, if your insurance company does not cover the test, please understand that you will be responsible for the cost of testing.

I, \_\_\_\_\_ agree that if my insurance does not cover the PCR testing for my child, or the cost is applied to my deductible, that I will be responsible for the cost of such testing.

Patient Name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_