



COVID-19 testing authorization form



Employee Information			
Employee name:	DOB:	Last 4 SSN#:	
Employer Information			
Athena account #:			
Company name:			
Company address:	City:	State:	Zip:
Testing scheduled date/time (if applicable):			
Testing must be paid for at the time of service			
Who to contact for payment:			
Form of payment:	Phone:	EXT:	
Employee supervisor signature:			
Supervisor name and title (please print):			
Signature:	Phone:		
How would you like to receive results?			
<input type="checkbox"/> fax (secure):			
<input type="checkbox"/> e-mail (secure):			
<input type="checkbox"/> mail:			

Disclaimer: MedExpress requires a copayment at the time of COVID-19 testing. Employees will be reimbursed after MedExpress files the COVID-19 test with Anthem BCBS. MedExpress estimates employees will be refunded within 4-6 weeks of testing. Employees without insurance must provide MedExpress with a completed authorization form, found online, in order for the City of Lynchburg to be billed.

FOA Initials

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