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**RNJ Services D/B/A Premier Medical Laboratory, Inc.**  
**35-37 Progress Street, Suite A-2, Edison, NJ 08820**  
**Phone: 908-754-4300 · Fax: 908-754-4301**

**COVID 19 Testing Memorandum Effective Date 03/22/2022**

I, \_\_\_\_\_, requested the COVID-19 testing of the following healthcare provider, Premier Medical Laboratory.

Premier Medical Laboratory, will make an attempt to submit your claim to your insurance carrier for laboratory test(s) performed at the request of your doctor (or as per your request, if you scheduled an appointment with us directly through our website). Please be advised that if your insurance doesn't remit payment to us, you will be responsible for the claim.

I acknowledge that while my insurance may confirm my benefits, confirmation of coverage is not a guarantee of payment.

If you refuse to provide the information below, you are required to pre-pay \$100 per person and you will be responsible for the balance if your insurance payment is higher.

The Provider listed above, will **NOT** submit a claim to your insurance for COVID-19 testing, in regards to travel and/or employment and/or school purposes. In this instance, **\*\* PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE \*\***.

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Date: \_\_\_\_\_