

# ASHEWELL MEDICAL GROUP

IF YOU ARE SUBMITTING YOUR RECEIPT FOR TESTING TO YOUR INSURER YOU WILL NEED TO FOLLOWING INFORMATION:

IF YOU WERE TESTED ON THE ABBOTT ID NOW RAPID PCR  
PROCEDURE CODE/CPT CODE #87635. CHARGE FOR SERVICE: \$99

IF YOU WERE TESTED ON THE LUMIRA DX RAPID ANTIGEN PROCEDURE CODE/CPT  
CODE # 87426, CHARGE FOR SERVICE: \$49

*IF YOU WERE EXPOSED TO COVID THE DIAGNOSIS CODE IS: ICD 10 Z20.822*

*IF YOU ARE HAVING TESTING FOR TRAVEL THE DIAGNOSIS CODE IS: ICD 10 Z11.59*

*IF YOU ARE HAVING TESTING FOR COVID 19 BECAUSE YOU ARE SYMPTOMATIC THE  
DIAGNOSIS CODE IS SPECIFIC TO YOUR SYMPTOMS AT TIME OF TESTING:*

- R05: COUGH
- R06.02: SHORTNESS OF BREATH
- R50.9: FEVER, UNSPECIFIED
- J12.89: OTHER VIRAL PNEUMONIA
- J20.8: ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS
- J22: UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION
- J40: BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC
- J80: ACUTE RESPIRATORY DISTRESS SYNDROME
- J96.01: ACUTE RESPIRATORY FAILURE WITH HYPOXIA
- J98.8: OTHER SPECIFIED RESPIRATORY DISORDERS

HEALTH CARE PROFESSIONAL NAME AND CREDENTIALS:

CARLY BROWN, MD

NPI: 1144482993

ADDRESS:

ASHEWELL MEDICAL GROUP, 408 DEPOT STREET

SUITE 150

ASHEVILLE, NC 28801

TAX ID # WE WILL PROVIDE UPON REQUEST. PLEASE CALL 828-477-4077

ASHEWELL MEDICAL GROUP MAKES NO CLAIMS THAT YOU WILL BE REIMBURSED FOR TESTING BY YOUR INSURER. IS NOT RESPONSIBLE TO ASSIST YOU IN THIS PROCESS. AND IS NOT RESPONSIBLE IF YOU ARE NOT REIMBURSED. THANK YOU FOR YOUR UNDERSTANDING. WE ARE PROVIDING THIS INFO TO ASSIST YOU BUT CANNOT MAKE ANY GUARANTEE YOUR INSURER WILL AGREE TO PAY FOR YOUR TEST.