

Register to be tested for COVID-19

English -

Choose your location:

Participating locations only. If a location is not listed, we're currently not providing services in that area.

GET STARTED

 **Already registered as a patient?**

[Log in to your account](#)

 **Forgot your Patient ID?**

[Look it up here](#)

 **Have a Corporate Access Code from your employer?**

[Go to corporate registration](#)

Overview

OptumServe is the federal health business of Optum and UnitedHealth Group. LHI is a subsidiary of OptumServe. We are proud to partner with the Departments of Defense, Health and Human Services, Veterans Affairs and other organizations to help advance the federal health system and improve the health and well-being of those we collectively serve.

OptumServe is honored to assist in providing COVID-19 testing services in a safe and effective manner. OptumServe and UnitedHealth Group bring the full commitment and capabilities of our teams, including extensive experience conducting large community health events, to all those we have the privilege to serve.

[To learn more and register, select your location.](#)



UNITEDHEALTH GROUP®

Register to be tested for COVID-19

English -

Choose your location:


California

Florida - Duval County

Indiana

New Jersey

North Carolina

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UNITEDHEALTH GROUP®

Register to be tested for COVID-19

English ▾

Please read the following instructions before registering for a COVID-19 test.

How it works



Step 1: If eligible, register as a patient and create an account on this site.



Step 2: After logging in, choose a testing location and schedule an appointment.



Step 3: Attend your scheduled testing appointment.




Step 4: On-location staff will check you in, conduct testing and send samples to the lab.



Step 5: We'll inform you when your results are back from the lab and available on LHI.Care, typically within 4 to 6 days.

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Patient Screening

All fields marked with * are required.

Answer the patient screening questions.

This is a nasal test for the active COVID-19 virus and infections, this is not an antibody test. / Esta prueba es una prueba nasal para el virus activo COVID-19, esta prueba no es una prueba de anticuerpos.

Are you a parent/guardian registering on behalf of a minor? / ¿Es usted un padre / guardián que se registra en nombre de un menor? *

☐ Yes / Si

☐ No

Are you a resident or employee of a congregate living facility? / ¿Es usted residente o empleado de un centro de congregación? * ⓘ

☐ Yes / Si

☐ No

Have you recently developed any COVID-19 symptoms (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)? / ¿Ha desarrollado recientemente algún síntoma de COVID-19 (fiebre, tos, falta de aliento o dificultad para respirar, escalofríos, temblores repetidos con escalofríos, dolor muscular, dolor de cabeza, dolor de garganta, nueva pérdida de sabor u olfato)? *

☐ Yes / Si

☐ No

Race: / Raza: *

☐ Asian / Asiático

☐ Black or African American / Africano americano

☐ American Indian or Alaska Native / Indígena Americano o Indígena de Alaska

☐ Native Hawaiian or Other Pacific Islander / Nativo de Hawai o de otra isla del Pacífico

☐ White / Blanco/caucásico

☐ Multiracial / Multiracial

☐ Other / Otro

Register for COVID-19 testing

Fill out the form to create
your account.

Your Info

Please enter the patient's information on this form. This information will be used for creating an online account, registering for a test, and receiving lab results. The information entered on this form must match the patient's identification when they present it at the test check in.

First Name

Last Name

Gender

Birth Date

Preferred Language

☐ English ☐ Spanish

Mailing Address

Address Line 1

Address Line 2

City

State

ZIP Code

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Register to be tested

Please read the following information

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Step 1: If you are already registered on this site



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You're successfully registered for testing

Thank you for registering as a patient

You're now registered as a patient. Your Patient ID is: **59398576**

Next, we'll direct you to create an account and find a testing location. Please have your Patient ID handy when creating this account. You'll also need to provide it to the on-location staff prior to being tested.

OK

Are you registered as a patient?

[Go to your account](#)

What is your Patient ID?

[Sign up here](#)

What is your Corporate Access Code?

[Go to corporate registration](#)

Create an Account

Step 1 of 6: Let's Look You Up



The security of your personal health information is important to us. That's why we use a multi-step process to confirm your identity.

First, provide us with some information so we can find your account.

Last Name

We need to know your last name.

Date of birth

 / / 

I'm not a robot



reCAPTCHA
[Privacy](#) - [Terms](#)

CONTINUE

Create an Account

Step 1 of 6: Let's Look You Up



The security of your personal health information is important to us. That's why we use a multi-step process to confirm your identity.

First, provide us with some information so we can find your account.

Last Name

Patient

Date of birth

01

/

02

/

1958



I'm not a robot



reCAPTCHA
[Privacy](#) - [Terms](#)

CONTINUE



Create an Account

Step 2 of 6: Choose your program

We matched you to the following program.

☒ State of North Carolina COVID-19 Testing

CONTINUE



Create an Account

Step 3 of 6: Confirm your identity

Confirm your State of North Carolina COVID-19 Testing Patient ID

CONTINUE



Create an Account

Step 4 of 6: Send a verification code

We'll send you a verification code which will expire in 15 minutes.

☐ **Email:** Send an email with verification code to
inf*****@apphealth.com

☐ **Text Message:** Text verification code to *****4995

By selecting Text Message, you're opting in to receive a text message with a one-time verification code from LHI. Message and data rates may apply.

CONTINUE

For assistance, please contact support.

Create an Account

Step 5 of 6: Enter the verification code

We've sent a code to your email. Enter your one-time verification code below to verify your identity.

Verification code

Didn't receive a verification code? [Resend code.](#)

CONTINUE



For assistance, please contact support.

Confirm your information



Please ensure your information is current, and then click "Confirm" at the bottom of the page.

Personal Information

Test Patient

PatientId

If your name is incorrect, please call us.

Occupation

Occupation

Primary Address

Address

126 Poplar Grove Connector

Apartment/Suite

Apartment/Suite

City

Boone

State

North Carolina - NC

ZIP Code

28607

Communication Preferences

Check **OPT-IN** next to the phone number or email address where you'd like to receive text or

Welcome, Test

No Upcoming Appointments

Schedule an Appointment

Find a nearby COVID-19 testing site, and schedule an appointment by choosing an available date and time

SCHEDULE AN APPOINTMENT



Select Your Event

Showing events within 50 miles of ZIP Code 28607. [Change](#)

Sort by: **DISTANCE** NEXT AVAILABLE

Nearby

126 Poplar Grove Connector
Boone, NC 28607

[SHOW ON MAP](#)

Next Available Appointment
October 20, 2020

SELECT THIS SITE

47.42 miles

[SHOW ON MAP](#)

Next Available Appointment
October 20, 2020

SELECT THIS SITE

Schedule Your Appointment

Services

- PCR COVID-19 Testing

Use the calendar and available time slots to schedule your appointment.

Location

126 Poplar Grove Connector
Boone, NC 28607

Select Date and Time

OCTOBER - 2020						
S	M	T	W	T	F	S
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

All times in local time of event

8:30AM - 9:00AM	9:00AM - 9:30AM	9:30AM - 10:00AM	10:00AM - 10:30AM
10:30AM - 11:00AM	11:00AM - 11:30AM	11:30AM - 12:00PM	12:30PM - 1:00PM
1:00PM - 1:30PM	1:30PM - 2:00PM	2:00PM - 2:30PM	2:30PM - 3:00PM
3:00PM - 3:30PM	3:30PM - 4:00PM	4:00PM - 4:30PM	4:30PM - 5:00PM

[BACK](#)[SCHEDULE](#)



Nice. You've scheduled your appointment.

[Go to your home page.](#)

Date, Time and Details

Tuesday, October 20, 2020
2:30 pm

[ADD TO CALENDAR](#)

Location

126 Poplar Grove Connector
Boone, NC 28607

[GET DRIVING DIRECTIONS](#)

Special Instructions

Your Patient ID is [REDACTED]. On the day of the event, you'll need to provide your Patient ID to event staff prior to being tested.

You will need a photo ID and your patient ID. If your photo ID does not have the address you used to register, make sure that you have another method of proving your full name and physical address. Have these items readily available at the check-in station.

Services

- PCR COVID-19 Testing