



## Clinical Laboratory—Patient Authorized Direct Access Testing

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Gothenburg Health (GH) is pleased to offer Lab Direct Access Testing (DAT) to our patient population. Patients who are uninsured, have a health savings account, have a high deductible, or who don't want to file a claim to their insurance may request these tests at a low out-of-pocket expense. Please review the following:

- I request & grant permission to GH Lab to perform screening tests as set forth below, which may include obtaining specimens by venipuncture or finger stick. I request & authorize GH Lab to obtain these screening results & mail them to me at the above address.
- I also understand that this **testing should NOT be used as the only means to diagnose the existence or absence of any medical condition.** I understand that the Lab test results may be normal in the presence of certain disease states. I understand that I'm responsible for obtaining medical info or services from a qualified healthcare provider.
- I understand that it is **my responsibility to send/share this information with my provider.** GH Lab is not proposing diagnosis or recommending medical treatment, but is acting as a resource to provide this medical information. Should I become ill, have any complaints/questions about my health; it is my responsibility to contact my provider.
- I understand that these test results **will be included in the complete medical record** chart kept at GH.
- I am releasing all involved in this health screening from any & all liability for the results of the testing/screening or any treatment I may receive from a physician of my choice based upon the information provided by this program.
- **PSA screening may be recommended for men age 55-69.** Many exceptions may apply based upon your unique medical/family history & other risk factors. For questions about this test or to ensure it's right for you, please contact your provider.
- I understand that because the tests are not ordered by a physician, **Medicare & insurance companies routinely do not cover the tests.** I understand that GH will NOT submit these tests for insurance reimbursement.
- *It's important to note that Medicare & other payers might cover identical tests if they were medically necessary & ordered by a physician, making it advisable to check with Medicare/your payer prior to choosing DAT.*

**I have read, understand, & agree to the above provisions:**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Legal Guardian signature if Participant is under 18 years of age.)*

**Please notify my GH provider that these tests have been done (mark beside the provider name if desired.)**

Michelle Chew, DNP

Kayla Knauss, DO

Jordan Haake, APRN

Mike Crisman, PA-C

Aaron Salomon, PA-C

Amanda Standage, APRN

Anna Dalrymple, MD

Garret Shaw, MD

\$16.00 Lipid Panel

\$25.00 PSA Screen

\$40.00 COVID-19 (Rapid)\*\*\*

\$18.00 Hemoglobin A1C

\$16.00 TSH (Thyroid)

\$15.00 CBC\*

\$58.00 Vitamin D

\$19.00 CMP\*

\$15.00 Urine Drug Screen

*\*Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP)*

*\*\*Note there is no blood draw fee associated with any testing. \*\*\*Supplemental form required.*

\$ \_\_\_\_\_ Total Due    Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Rec'd by \_\_\_\_\_

\*\*Checks Payable to Gothenburg Health

Tax ID# 47-0532605

**FOR LAB USE ONLY**

Collection Date    /    /

Collection Time    :

Lab Tech Initials: