



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.)

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|---|--|--|--|
| <input type="checkbox"/> Michelle Chew, DNP | <input type="checkbox"/> Kayla Knauss, DO | <input type="checkbox"/> Anna Dalrymple, MD | <input type="checkbox"/> Garret Shaw, MD |
| <input type="checkbox"/> Mike Crisman, PA-C | <input type="checkbox"/> Aaron Salomon, PA-C | <input type="checkbox"/> Amanda Standage, APRN | |
| <input type="checkbox"/> Jordan Haake, APRN | <input type="checkbox"/> Brady Beecham, 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*
___ \$20.00 Vitamin D	___ \$19.00 CMP*	___ \$15.00 Urine Drug Screen
___ \$45.00 BHCG	___ \$20.00 CRP	___ \$40.00 CRPC
___ \$45.00 Hepatitis C Antibody	___ \$40.00 HIV- HIV1&2	___ \$50.00 Testosterone
___ \$15.00 UA	___ \$75.00 Anemia Profil	___ \$100.00 Arthritis Profile
___ \$20.00 Basic Thyroid Panel	___ \$65.00 Basic Health & Wellness	
___ \$250.00 Complete Health & Wellness	___ \$25.00 Diabetic/Prediabetic Screening	
___ \$100.00 Hormone Panel - Men	___ \$170.00 Hormone Panel – Women	
___ \$75.00 Heart & Cardiovascular Screen	___ \$115.00 Sexually Transmitted Disease Panel	
___ \$125.00 Stress & Fatigue Panel	___ \$25.00 Blood Typing	
___ \$235.00 Weight Management Profile	___ \$15.00 Venipuncture	

Complete Blood Count (CBC)

Comprehensive Metabolic Panel (CMP)

Iron Profile: Iron, UIBC, Ferritin, %Transferrin

Anemia Profile: CBC, Iron Profile, Vitamin B12, Folate, Retic

Arthritis Profile: Rheumatoid Factor, ANA, CRP, Uric Acid, ESR, CMP, & CBC

Basic Health and Wellness Panel: CMP, Lipid, CBC, TSH

Basic Thyroid Panel: TSH, FT4

Complete Health & Wellness: CMP, Lipid, CBC, Iron Profile, Vitamin B12, Folate, Retic, TSH, FT4, CRP, A1C, Vitamin D, Uric Acid, Magnesium

Diabetic/Prediabetic Screening: Glucose & A1C

Hormone Panel – Men: Testosterone, TSH & PSA

Hormone Panel – Women: Estradiol, Progesterone, FSH & LH

Heart & Cardiovascular Screen: CMP, Lipid, & CRPC

Sexually Transmitted Disease Panel: Chlamydia/Gonorrhea (urine), Syphilis, and HIV 1&2

Stress & Fatigue Panel: CMP, CBC, TSH, Iron Profile, Vitamin B12, Folate, Retic, CRP, & Vitamin D

Blood Typing: ABO & Rh

Weight Management Profile: CMP, CBC, TSH, FT4, DHEAS, Cortisol & Insulin Venipuncture

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

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

FOR LAB USE ONLY	Collection Date / /	Collection Time :	Lab Tech Initials:
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**Checks Payable to Gothenburg Health

Tax ID# 47-0532605