

Barton County Health Dept 1300 Kansas Ave Great Bend KS 67530 (620)793-1902



Client#	

Consent for Labs

I,und	understand that it is my responsibility to					
follow up with a physician on any abnor Health Department and all of its agents,						
any liability for my failure to follow up	,					
results and/or from any complications						
These tests will be performed by Quest	laboratory. Results will be mailed to					
you within 10-14 days.						
Barton County Health Department will patient is responsible for their lab resul						
In the event of a health emergency, I aucontact:	thorize the Health Department to					
NAME OF EMERGENCY CONTACT	PHONE NUMBER					
CLIENT SIGNATURE	DATE					
Please list the labs you w	vant to receive today					
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1300 Kansas Ave; Great Bend KS 67530 PH (620)793-1902

HEALTHY LIVING LABORATORY SERVICES



	COST		LABORATORY TEST	\$10.00 DRAW FEE	
	\$ 7.50		Complete Blood Count (CBC)	PER VISIT	
			Checks for anemia, infection, or disease		
	\$ 8.50	**	Comprehensive Metabolic Profile (fasting test)		
			A measure of electrolytes, glucose, kidney and liver enzymes		
	\$ 6.25	**	Glucose (fasting test)		
_	ф 10.75		Checks the sugar in the blood		
	\$ 12.75		Hemoglobin A1C		
	\$ 7.50	**	Screening for Diabetes and aids in Diabetes Management (long-term glucose levels) Hepatic Functions Panel (fasting test)		
Ц	\$ 7.50		Checks how the Liver is working		
	\$ 20.00		Hepatitis C Virus Antibody		
			Checks to see if you have been exposed to Hepatitis C		
	\$ 18.00		Hepatitis B Surface Antibody, Quantitative		
_	¢ 10.75		Used to see if you have any immunity to Hepatitis B or Immun	ity from the vaccine	
	\$ 12.75		Hepatitis B Surface Antibody, Qualitative		
_	ф 10 00		Used to check for the disease		
	\$ 19.00		HIV 1/2 Antigen/Antibody Indicates that you have exposure to HIV		
	\$ 9.50	**	Lipid Panel (fasting test)		
ш	Ψ 7.50		A reliable measure of Cholesterol, triglycerides, HDL, LDL		
	\$ 28.50		Measles Antibody (IgG)		
			Indicator if you have ever been exposed to the Measles or Immu	nity from the Vaccine	
	\$ 24.25		Mumps Virus Antibody (IgG)		
			Indicator if you have ever been exposed to the Mumps or Immun	nity from the Vaccine	
	\$ 35.75		Nicotine Cotinine, Serum Indicator if you are a smoker or around nicotine		
	\$ 10.50		Rubella Immune Status		
_	Ψ 10.00		Indicator if you have ever been exposed to the Rubella or Immu	nity from the Vaccine	
	\$ 19.00		TSH (Thyroid Stimulating Hormone)		
			Checks medication compliance and also indicates thyroid issues		
	\$ 16.75		T3 Total		
			Measures available thyroid hormone binding sites (usually Doc	tors order this)	
	\$ 30.50		T4, Free (FT4)		
			Checks the circulating autoantibodies (usually Doctors order thi	's)	
	\$ 19.00		PSA (Prostate Specific Antigen)		
_	ф 10 00		Measures PSA to aid in the diagnosis of Prostate Cancer		
	\$ 19.00		Varicella-Zoster Virus Antibody (IgG) Indicator if you have ever been exposed to the Chicken Pox or In	nmunity from the Vaccine	
	\$ 29.50		Vitamin D, 25-Hydroxy, Total Immunoassay		
			Measures the amount of Vitamin D your body is absorbing (me	dication maintenance, also)	
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CLIENT DATA VERIFICATION



		CLIENT #:			
Legal Na	me :				
	Printed Last	Pri	inted First	M.I.	
Preferred First Na	ame :				
Gend	der: Male	Female	Birthdate :		
Ra	ace :	Ethnicity :		Age:	
Addr	ess :				
City/St/	 Zip :				
Home/Cell Ph	<u> </u>				
Work Ph	one :				
Primary Care Prov					
<u></u>		GUARANTOR (If Under 18years of	age)		
Guarantor Na	ame :				
	Printed Last	Printed Fire	st	M.I.	
Addı	ress :		Relationship:	:	
City/St/	Zip :	Birthdate :			
Home/Cell Ph	one :				
Work Ph	one :		SSN:		
		INSURANCE			
Mem	ber Name:		DOB:		
Printed Last Insurance Company:		nted Last Printed Firs	t SSN:	Required	
Member Identification # :			Group # :		
Insurance Address:			City/St/Zip:		
P th I : a:	rivacy (HIPAA) effective Septe nat I am not required to partic understand that the BCHD par am authorizing the Barton Cor uthorize the release of record	offered the opportunity to read the Bamber 23, 2013. I agree that I am seekin ipate in any program with the Barton Crticipates in the Title X program and minunty Health Department to submit clairs necessary to act on this request. I uncole to authorize services independently	ng services voluntarily volunty Health Departm nors may be able to au ns for reimbursement to derstand that the BCHD	without coercion and I verify ent in order to receive services. thorize services independently. to them on my behalf and I	
Signature:	nature:Date:			_	
CLERICAL ONLY:		BARTON COUNTY HEALTH DEPA	ARTMENT	CLINICAL ONLY: NN:	

Charges: _____ WebIZ:_____