



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



**Public Health**  
Prevent. Promote. Protect.

Client# \_\_\_\_\_

### Consent for Labs

I, \_\_\_\_\_ understand that it is my responsibility to follow up with a physician on any abnormal results. I release Barton County Health Department and all of its agents, servants and/or employees from any liability for my failure to follow up with my physician on abnormal results and/or from any complications from having my blood drawn.

These tests will be performed by Quest laboratory. Results will be mailed to you within 10-14 days.

Barton County Health Department will not fax results to physicians. The patient is responsible for their lab results.

In the event of a health emergency, I authorize the Health Department to contact:

\_\_\_\_\_  
NAME OF EMERGENCY CONTACT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

**Please list the labs you want to receive today**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTHY LIVING LABORATORY SERVICES



**\$10.00 DRAW FEE  
PER VISIT**

COST	LABORATORY TEST
<input type="checkbox"/> \$ 7.50	Complete Blood Count (CBC) <i>Checks for anemia, infection, or disease</i>
<input type="checkbox"/> \$ 9.25 **	<b>Comprehensive Metabolic Profile (fasting test)</b> <i>A measure of electrolytes, glucose, kidney and liver enzymes</i>
<input type="checkbox"/> \$ 6.25 **	<b>Glucose (fasting test)</b> <i>Checks the sugar in the blood</i>
<input type="checkbox"/> \$ 13.50	Hemoglobin A1C <i>Screening for Diabetes and aids in Diabetes Management (long-term glucose levels)</i>
<input type="checkbox"/> \$ 7.50 **	<b>Hepatic Functions Panel (fasting test)</b> <i>Checks how the Liver is working</i>
<input type="checkbox"/> \$ 21.25	Hepatitis C Virus Antibody <i>Checks to see if you have been exposed to Hepatitis C</i>
<input type="checkbox"/> \$ 21.00	Hepatitis B Surface Antibody, Quantitative <i>Used to see if you have any immunity to Hepatitis B or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 15.50	Hepatitis B Surface Antibody, Qualitative <i>Used to check for the disease</i>
<input type="checkbox"/> \$ 22.00	HIV 1/2 Antigen/ Antibody <i>Indicates that you have exposure to HIV</i>
<input type="checkbox"/> \$ 10.25 **	<b>Lipid Panel (fasting test)</b> <i>A reliable measure of Cholesterol, triglycerides, HDL, LDL</i>
<input type="checkbox"/> \$ 32.50	Measles Antibody (IgG) <i>Indicator if you have ever been exposed to the Measles or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 27.00	Mumps Virus Antibody (IgG) <i>Indicator if you have ever been exposed to the Mumps or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 44.25	Nicotine Cotinine, Serum <i>Indicator if you are a smoker or around nicotine</i>
<input type="checkbox"/> \$ 12.00	Rubella Immune Status <i>Indicator if you have ever been exposed to the Rubella or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 20.50	TSH (Thyroid Stimulating Hormone) <i>Checks medication compliance and also indicates thyroid issues</i>
<input type="checkbox"/> \$ 17.00	T3 Total <i>Measures available thyroid hormone binding sites (usually Doctors order this)</i>
<input type="checkbox"/> \$ 32.75	T4, Free (FT4) <i>Checks the circulating autoantibodies (usually Doctors order this)</i>
<input type="checkbox"/> \$ 21.25	PSA (Prostate Specific Antigen) <i>Measures PSA to aid in the diagnosis of Prostate Cancer</i>
<input type="checkbox"/> \$ 20.50	Varicella-Zoster Virus Antibody (IgG) <i>Indicator if you have ever been exposed to the Chicken Pox or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 35.00	Vitamin D, 25-Hydroxy, Total Immunoassay <i>Measures the amount of Vitamin D your body is absorbing (medication maintenance, also)</i>

<b>CLIENT #:</b>		
<b>Legal Name :</b> _____		
	<i>Printed Last</i>	<i>Printed First</i> <span style="float: right;"><i>M.I.</i></span>
<b>Preferred First Name :</b> _____		
<b>Interpreter Needed?</b>	<b>Gender :</b> Male      Female	<b>Birthdate :</b> _____
	<b>Race :</b>	<b>Ethnicity :</b> <b>Age :</b>
<b>Address :</b> _____		
<b>City/St/Zip :</b> _____		
<b>Home/Cell Phone :</b> _____		
<b>Work Phone :</b> _____		
<b>Primary Care Provider:</b> _____		
<b>GUARANTOR</b> <i>(If Under 18years of age)</i>		
<b>Guarantor Name :</b> _____		
	<i>Printed Last</i>	<i>Printed First</i> <span style="float: right;"><i>M.I.</i></span>
<b>Address :</b>	<b>Relationship:</b>	
<b>City/St/Zip :</b>	<b>Birthdate :</b>	
<b>Home/Cell Phone :</b> _____		
<b>Work Phone :</b>	<b>SSN :</b>	
<b>INSURANCE</b>		
<b>Member Name:</b>	<b>DOB:</b>	
	<i>Printed Last</i>	<i>Printed First</i> <span style="float: right;"><i>Required</i></span>
<b>Insurance Company:</b>	<b>SSN:</b>	
<b>Member Identification # :</b>	<b>Group # :</b>	
<b>Insurance Address:</b>	<b>City/St/Zip :</b>	
<b>COMMENTS</b> I acknowledge that I have been offered the opportunity to read the Barton County Health Department’s Revised Notice of Privacy (HIPAA) effective September 23, 2013. I agree that I am seeking services voluntarily without coercion and I verify that I am not required to participate in any program with the Barton County Health Department in order to receive services. I understand that the BCHD participates in the Title X program and minors may be able to authorize services independently. I am authorizing the Barton County Health Department to submit claims for reimbursement to them on my behalf and I authorize the release of records necessary to act on this request. I understand that the BCHD participates in the Title X program and minors may be able to authorize services independently		
<b>Signature:</b> _____		<b>Date:</b> _____

CLERICAL ONLY:  
 NN: \_\_\_\_\_  
 Charges: \_\_\_\_\_  
 WebIZ: \_\_\_\_\_

**BARTON COUNTY HEALTH DEPARTMENT**  
 1300 Kansas Ave – Great Bend KS 67530 Phone:  
 (620) 793-1902 Fax: (620)793-1903

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