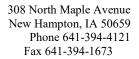


308 North Maple Avenue New Hampton, IA 50659 Phone 641-394-4121 Fax 641-394-1673

WELLNESS LABORATORY TESTING

Please Print:							
Name:Last First M.I.				PAYN	PAYMENT:		
	Last	First	M.I.		Cash		
Addr	258:				Check #		
					Credit Card		
City:		State:	Zip:				
SS#:	DOB:		Sex:	Receiv	ved by:		
Phone #:							
				Customer Asked:			
I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:				Cusi	Customer Askeu.		
 A parent/legal guardian must accompany anyone under age 18. 					□ Fasting		
	 Tests are being performed at your request. 				Non-Fasting		
•	 Results will not be forwarded to your physician. 				C		
• Customer, if 18 or older or parent/legal guardian if under age 18							
	consents to take responsibility for the follow up of abnormal						
	results. Third Party Payment or Painthurson arts To the best of our						
•	Third Party Payment or Reimbursement: To the best of our knowledge and belief, Direct Access (Wellness) Laboratory				NICHT T WITH I AD	**	
	Testing is not reimbursed by any health insurance company or by				<u>**CONSULT WITH LAB**</u>		
	Medicare, Medicaid or any other city, state or federal program.				Prepay Kit Only \$3	1.00	
	You may not submit a request for payment or reimbursement of				D 171 1 1	1.1. 00.00	
the charges from Direct Access (Wellness) Laboratory Testing to					Prepay Kit with other	r lab \$0.00	
	any health insurance company or to Medicare, Medicaid or any other city, state or federal program.				COVID IgG Antibod	ly \$50.00	
X					-	•	
Signature of Customer Date							
or Parent / Legal Guardian of Minor							
TEST / PRICE LIST							
	Hematology Wellness	\$15.00	TSH Well	TSH Wellness \$15		\$15.00	
	Comprehensive Met Wellness*	\$10.00	Free T4 W	Free T4 Wellness		\$25.00	
	Glucose Wellness*	\$10.00	Hepatitis C	Hepatitis C		\$30.00	
	Cholesterol Wellness*	\$10.00	High Sensi	High Sensitive CRP Wellness*		\$20.00	
	ALT Wellness	\$10.00	Vitamin B1	Vitamin B12		\$25.00	
	AST Wellness	\$10.00	Iron and Iro	Iron and Iron Binding		\$30.00	
	Sodium and Potassium Wellness	\$10.00	Ferritin	Ferritin		\$30.00	
	Lipid & Glucose Wellness*	\$15.00	Folate	Folate		\$25.00	
	Hemoglobin A1C Wellness	\$20.00	Uric Acid	Uric Acid		\$10.00	
	Urine Microalbumin Wellness	\$25.00	PSA Welln	PSA Wellness (MALE ONLY)		\$20.00	
	Magnesium Wellness	\$10.00	Vitamin D Wellne			\$50.00	
	Glucose Tolerance Gestational	\$20.00	Blood Type	Blood Type (ABO and Rh)		\$20.00	

*Individual should be fasting



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WELLNESS ACKNOWLEDGEMENT OF INTERPRETATION OF LABORATORY TEST RESULTS

I understand that the responsibility of a follow-up examination to interpret or confirm any of the results and obtain advice and treatment is mine, not that of my physician or any facility and/or employee of Mercy North Iowa Health Network.

I understand that physician judgment must remain central to the selection of laboratory tests and treatment options. I must always seek the advice of my physician if I have any questions and before I stop, start, or change any treatment plan.

I understand that the results of the test are not conclusive. When evaluating my health, my complete medical history must be considered – laboratory testing is only part of the evaluation. Further, the results of laboratory tests are in no way a substitute for a regular and thorough physical performed by my personal physician. I realize that a normal result does not guarantee that I do not need medical attention; likewise, an abnormal result may not necessarily be abnormal for me – my complete medical history must be considered by a physician.

I realize my results will be mailed directly to me and will not be interpreted by or reported to any physician except as required by law or regulation. I also understand that I am responsible to contact a physician regarding my test results if necessary.

I hereby release MercyOne New Hampton Medical Center, from any and all liability arising from or in any way connected to my failure to follow up with a physician regarding interpretation of the test results or for treatment advice.

Customer Signature

Date

Witness Signature

Date