



**\*\*\*\*Direct Access Testing Open M-F, 8am-4pm\*\*\*\***

**DIRECT ACCESS TEST CHARGE FORM**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ABO/Rh** \$30
- Amylase** \$10
- Basic Metabolic Profile** \$30  
*Includes: Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Calcium*
- Blood Count (CBC)** \$25  
*Includes: WBC count, RBC count, Platelet count*
- Renal Panel** \$35  
*Includes: Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Calcium, Phosphorus, Albumin*
- Cholesterol** \$15
- Complete Metabolic Profile** \$35  
*Includes: Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Glucose, Calcium, AST, ALT, ALP, Tbil, Albumin, Total Protein*
- Glucose** \$15
- Pregnancy (blood or urine)** \$30
- Hemoglobin A1C** \$35
- Hepatic (Liver) Panel** \$30
- Influenza Screen** \$70
- Lipase** \$10
- Lipid Profile** \$35
- Mono Screen** \$30
- PSA** \$50
- Strep Screen** \$50
- Testosterone** \$30
- Triglycerides** \$15
- TSH** \$30
- T4 Free** \$30
- FSH** \$40
- LH** \$40
- Urinalysis** \$20
- Urine Drug Screen** \$30
- Vitamin B12** \$30
- Folate** \$35
- Vitamin D 25Hydroxy** \$30
- Covid-19 Antigen Swab** \$50 (Do not charge venipuncture fee)
  
- Women's Health Profile** \$130  
*Includes Basic Metabolic Profile, Lipid Profile, TSH, Blood Count & urinalysis*
- Men's Health Profile** \$150  
*Includes Basic Metabolic Profile, Lipid Profile, Blood Count, PSA, & urinalysis*
- Venipuncture** \$5 \*\*Added to all blood samples

**Total Charges:** \_\_\_\_\_

**Please present this form to the cashier for payment prior to service.**

**You must obtain a receipt of payment and present to the Laboratory at the time of service.**

I understand that the Hospital will not bill any type of insurance for these tests. I agree that I am responsible for full payment of services before they are rendered. I understand that a venipuncture charge will be added for any blood samples collected.

I agree that the test results may be sent to the address below by ordinary mail. I understand that my test results will not be released via the phone or fax, except as provided below.

I understand that Johnson Memorial Hospital will not interpret the test results for me. If I would like to have the results interpreted, I understand that I must discuss the results with my regular health care provider. You should anticipate a charge from your healthcare provider for this. I understand 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.

I understand that Johnson Memorial Hospital may contact me directly by telephone with my test results if it appears that these results (\*) are of a critical nature – at which time I would be responsible for contacting my physician with the results.

I release the Hospital and any persons involved with the taking of the sample from any liability arising: 1) from the taking of the sample and any ill effects that result from the test; 2) from disclosing results in the manner provided by law and/or allowed by me.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness

Mailing Address:

\_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone