



NAME:	DATE:
ADDRESS:	Account #
CITY, STATE, ZIP:	
PHONE:	DOB: SEX: M F

TEST	CPT	FEE	TEST	CPT	FEE
DA BASIC METABOLIC PROFILE	80048	\$160	DA BLOOD TYPE & RH	86900	\$370
DA COMPLETE METABOLIC PROFILE	80053	\$40	DA FREE T4	84439	\$92
DA LIPID PROFILE	80061	\$144	DA FSH	83001	\$216
DA COMPLETE BLOOD COUNT (CBC)	85025	\$23	DA LUTEINIZING HORMONE (LH)	83002	\$200
DA C-REACTIVE PROTEIN (CRP)	86140	\$108	DA PROGESTERONE	84144	\$240
DA GLUCOSE	82947	\$68	DA TSH	84443	\$77
DA HEMOGLOBLIN A1C	83036	\$63	DA VITAMIN D-OH	82306	\$384
DA HIV	87806	\$209	DA COVID-19 PCR	87635	\$174
DA MONO	86308	\$100			
DA PREGNANCY TEST SERUM	84703	\$132			
DA PREGNANCY TEST URINE *	81025	\$144			
DA PROTOME/INR	85610	\$64			
DA PSA	84153	\$119			
DA SEDIMENTATION RATE (ESR)	85651	\$60	DA SPECIMEN COLLECTION		\$27
DA TOXICOLOGY *	80305	\$200	* = NO SPECIMEN COLLECTION		
DA URINALYSIS *	81003	\$44			
SUBTOTAL			SUBTOTAL		
			TOTAL COST		
			<i>Less 75% Discount</i>		
			Amount Received		

Payment: Cash _____ Check _____ Credit _____

Hours of Service - Monday-Friday 7am-6pm (excludes holidays)

PARTICIPANT INFORMED CONSENT

I understand that Citizens Medical Center disclaims any liability for any costs, claims, injuries, actions, or damages suffered by an individual, no matter what their relationship, as a result of participation in Direct Access Testing. Participation in the Direct Access Testing is strictly voluntary, and any injuries suffered in conjunction with such participation shall not be subject to reimbursement under any applicable law. I agree to release Citizens Medical Center and any other person associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

I understand that to review my results, I will need to access my Patient Portal. Critical laboratory test values will be promptly called to me. I understand that it is my responsibility to contact my provider regarding all results.

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way to be considered conclusive. Moreover, by providing these results, Citizens Medical Center is not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements, and for any additional medical advice and treatment, I understand that it is my responsibility to contact my own personal physician. Any positive drug screening results will need confirmation testing by an order from your physician. Any positive HIV will be sent to a reference lab for confirmation. If positive result is confirmed, it is required by the state of Kansas to notify the Kansas Department of Health and the state will contact you for further information.

Any minors under 18 years of age must have his or her legal guardian sign this consent.

Signature of participant