

CLIENT #:		
Client Name :		
	<i>Printed Last</i>	<i>Printed First</i> <i>M.I.</i>
Gender :	Birthdate :	
Race :	Age :	
Ethnicity :		
Address :		
City/St/Zip :		
Home/Cell Phone :		
Work Phone :		
Primary Care Provider:		
GUARANTOR <i>(If Under 18years of age)</i>		
Guarantor Name :		
	<i>Printed Last</i>	<i>Printed First</i> <i>M.I.</i>
Address :		
City/St/Zip :		
Home/Cell Phone :		
Work Phone :		
Birthdate :		
Age:		
SSN :		
INSURANCE		
Member Name:	DOB:	
	<i>Printed Last</i>	<i>Printed First</i> <i>Required</i>
Insurance Company:	SSN:	
Member Identification # :	Group # :	
Insurance Address:	City/St/Zip :	
COMMENTS 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		
Signature: _____ Date: _____		

CLERICAL ONLY:
 NN: _____
 Charges: _____
 WebIZ: _____

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

CLINICAL ONLY:
 NN: _____
 Charges: _____
 WebIZ: _____



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.

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"/> \$ 8.50 **	Comprehensive Metabolic Profile (fasting test) <i>A measure of electrolytes, glucose, kidney and liver enzymes</i>
<input type="checkbox"/> \$ 6.25 **	Glucose (fasting test) <i>Checks the sugar in the blood</i>
<input type="checkbox"/> \$ 12.75	Hemoglobin A1C <i>Screening for Diabetes and aids in Diabetes Management (long-term glucose levels)</i>
<input type="checkbox"/> \$ 7.50 **	Hepatic Functions Panel (fasting test) <i>Checks how the Liver is working</i>
<input type="checkbox"/> \$ 20.00	Hepatitis C Virus Antibody <i>Checks to see if you have been exposed to Hepatitis C</i>
<input type="checkbox"/> \$ 18.00	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"/> \$ 12.75	Hepatitis B Surface Antibody, Qualitative <i>Used to check for the disease</i>
<input type="checkbox"/> \$ 19.00	HIV 1/2 Antigen/ Antibody <i>Indicates that you have exposure to HIV</i>
<input type="checkbox"/> \$ 9.50 **	Lipid Panel (fasting test) <i>A reliable measure of Cholesterol, triglycerides, HDL, LDL</i>
<input type="checkbox"/> \$ 28.50	Measles Antibody (IgG) <i>Indicator if you have ever been exposed to the Measles or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 24.25	Mumps Virus Antibody (IgG) <i>Indicator if you have ever been exposed to the Mumps or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 35.75	Nicotine Cotinine, Serum <i>Indicator if you are a smoker or around nicotine</i>
<input type="checkbox"/> \$ 10.50	Rubella Immune Status <i>Indicator if you have ever been exposed to the Rubella or Immunity from the Vaccine</i>
<input type="checkbox"/> \$ 19.00	TSH (Thyroid Stimulating Hormone) <i>Checks medication compliance and also indicates thyroid issues</i>
<input type="checkbox"/> \$ 16.75	T3 Total <i>Measures available thyroid hormone binding sites (usually Doctors order this)</i>
<input type="checkbox"/> \$ 30.50	T4, Free (FT4) <i>Checks the circulating autoantibodies (usually Doctors order this)</i>
<input type="checkbox"/> \$ 19.00	PSA (Prostate Specific Antigen) <i>Measures PSA to aid in the diagnosis of Prostate Cancer</i>
<input type="checkbox"/> \$ 19.00	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"/> \$ 29.50	Vitamin D, 25-Hydroxy, Total Immunoassay <i>Measures the amount of Vitamin D your body is absorbing (medication maintenance, also)</i>