HENRY COUNTY HEALTH CENTER
SELF DIRECTED WELLNESS TESTING
407 S WHITE STREET
MOUNT PLEASANT, IA 52641

NAME: _____

ADDRESS: _____ EMAIL _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SEX: _____ PHONE: _____

2ND PHONE AND/OR CONTACT PERSON _____

I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:

- A parent/legal guardian must accompany anyone under the age of 18.
- Tests are being performed at my personal request and will not be submitted to my insurance company for payment.
- Third Party Payment or Reimbursement: To the best of my knowledge and belief, Self-Directed Wellness Testing is not reimbursed by any health insurance company or by Medicare, Medicaid or any other city, state or federal program.
- Results will not be forwarded to my physician/provider.
- I (or parent/legal guardian if under the age of 18) consent to take responsibility for the follow up of abnormal results. **Customer is responsible for following up on any abnormal results with their physician/provider.**
- Results are available through patient portal within 3-5 days of blood collection. Results also available by pickup at lab or by mail.

_____

SIGNATURE OF CUSTOMER OR PARENT/LEGAL GUARDIAN OF MINOR (Including Relationship)

TEST / PRICE LIST - * Individual should be fasting.

□ BASIC CHEM PANEL*	$33.00	□ VITAMIN D	$71.00
□ HEMOGRAM	$31.00	□ BLOOD TYPE (ABO AND RH)	$39.00
□ GLUCOSE *	$18.00	□ PROSTATE SPECIFIC ANTIGEN	$45.00
□ CHOLESTEROL *	$18.00	□ FERRITIN	$41.00
□ LIPID PANEL *	$38.00	□ IRON/IRON BINDING	$50.00
□ TSH	$41.00	□ VITAMIN B12 *	$49.00
□ COMPREHENSIVE CHEM PANEL*	$46.00	□ HEMOGLOBIN A1C	$22.00
□ COVID ANTIBODY TEST (IGG)	$77.00	□ COVID-19 PCR (travel▪)	$143.00
□ COVID-19 AG (? travel▪)	$ 61. 00	□ COVID ANTIBODY TEST IGG/IGM	$168.00

▪It is client's responsibility to know the Covid-19 testing requirements of the airline/destination country of travel. HCHC is not responsible for delay of travel or flights. Incorrect test performed, sample not collected in the approved collection time window, or laboratory does not meet airline approval are examples of reasons your airline/country of travel may not approve the testing.

Registration Use Only
Payment Received by_____

Check: ____ Cash: _____

Credit Card /HSA: _____

SPECIMEN / CONDITIONS:

Date collected: _____

Time collected: _____

Collected by: _____

SPECIMEN / TYPE: _____ Fasting _____Non-fasting

RESULTS SENT:

____ PATIENT PORTAL

____ CLIENT BY MAIL

____ CLIENT PICK UP

Revised 2/23/2022