Big Horn Hospital Association

CHOOSE HEALTH

SELF ORDERED LABORATORY TESTING
(Updated 6-7-2023)

Name:_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Birth Date:_____ □ **Male** □ **Female** **Phone: ( )**_____-_____

I REQUEST THE FOLLOWING LABORATORY TESTS:

□	**Comprehensive Metabolic Panel (CMP)***	**$25**
	□ **Electrolytes**	**$10**
	□ **Calcium**	**$10**
	□ **Creatinine**	**$10**
	□ **Blood Sugar (Glucose)***	**$10**
□	**Complete Blood Count (CBC)w/Diff**	**$15**
□	**Complete Blood Count (CBC)**	**$10**
□	**Cholesterol (Lipid) Panel***	**$20**
□	**Iron Panel**	**$30**
	□ **Iron**	**$10**
	□ **Ferritin**	**$20**
□	**PT/INR (Prothrombin Time)**	**$10**
□	**Vitamin D 25 Hydroxy**	**$30**
□	**TSH (Thyroid Stimulating Hormone)**	**$25**
□	**Free T4**	**$15**
□	**Magnesium**	**$15**
□	**Hemoglobin A1C**	**$20**
□	**PSA (Prostate Specific Antigen)**	**$30**

□	**Urinalysis**	**$10**
□	**Urine Drug Screen (non-legal)**	**$20**
□	**Creatinine Kinase (CK or CPK)**	**$10**
□	**Infectious Mononucleosis (Mono)**	**$10**
□	**Uric Acid**	**$10**
□	**Phosphorus**	**$10**
□	**Lipase**	**$10**
□	**Ammonia**	**$10**
□	**Urine Pregnancy Test**	**$10**
□	**Serum Pregnancy Test**	**$15**
□	**Blood Type**	**$15**
□	**Procalcitonin**	**$35**
□	**Acute Hepatitis Panel (A,B,C)**	**$65**
	□ **Hep B Surface Antibody (Titer)**	**$20**
	□ **Hep C Antibody**	**$20**
□	**Rheumatoid Factor**	**$20**
□	**CRP (C-Reactive Protein)**	**$10**
□	**Rapid Strep**	**$55**

***12 HOUR FASTING RECOMMENDED. WATER ONLY, NO COFFEE OR TEA.**

TOTAL AMOUNT PAID:_____ □ **CASH** □ **CHECK #**_____ □ **EMP DISCOUNT**
RECEIVED BY:_____

PAYMENT IN FULL REQUIRED AT TIME OF REGISTRATION.

**These tests cannot be billed to Medicare, Medicaid, or your insurance. Patient must be 18 years or older. Lab results will be mailed to the patient at the address provided, not to your physician.

I hereby authorize Big Horn Hospital Laboratory to collect blood and to complete the laboratory tests that I have requested.

Signature:_____ **Date:**_____

Big Horn Hospital
17 N Miles Ave. • Hardin, MT 59034
(406) 665-2310 phone • (406) 665-9238 fax

Big Horn Hospital Association

CHOOSE HEALTH

SELF ORDERED LAB DISCLAIMER

I understand that:

- Laboratory results from Big Horn Hospital Association Lab Check are for information purposes only and are **not** a substitute for medical advice, diagnosis, or treatment.
- I am aware that I should consult a physician before I stop, start, or change any treatment plan, including the use of medication.
- I am responsible for consulting a physician.
- Results will be mailed to me after all testing has been completed.
- Neither Big Horn Hospital Association Lab, nor its employees will interpret results for me.
- Results within the normal range do not ensure health.
- Results that fall outside the normal range may not indicate disease.
- Lab tests are not a substitute for a full medical evaluation.
- The tests performed are for health screening purposes only, not diagnostic purposes, and therefore may not be reimbursable by insurances.
- I will not hold Big Horn Hospital Association, its officers, Medical Staff, employees, affiliates, and sponsors liable for any outcomes which may result from my participation in this testing option.
- My results will be mailed to me at the address listed on the consent form, and I retain all responsibility should someone else at that address access these results. I have also provided a phone number at which I can be reached in the event that critical lab values are reported.
- I am expected to pay Big Horn Hospital Association in full at the time of service, that no other billing will occur to the patient or the insurances, and that there is no refund option available. If I am eligible to receive Medicare benefits, I am aware Medicare does not cover this service and I am full responsible for payment at this time.

I have read and understand the information provided to me in this disclaimer.

Signature_____Date_____

Authorized Representative Signature_____Relationship_____

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