

Grundy County Health Department

Blood Draw Information & Consent

Office Use Only

Results:

- Mailed
 Held for Pick Up
 Date:
 Initials

First Name		Last Name	
Address			
City		State	Zip
Phone		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (Title VI) <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Date of Birth	Age	<input type="checkbox"/> Fasting (Nothing to eat/drink except water today) <input type="checkbox"/> Not Fasting (Ate today)	
Email			

Please Check The Desired Screening and Read Information Provided

Packages	Individual Tests
<input type="checkbox"/> Basic Package \$26 <ul style="list-style-type: none"> • Cholesterol (Lipid Panel) • Complete Metabolic Profile (CMP) • Complete Blood Count (CBC) • TSH (Thyroid) <input type="checkbox"/> Men Over 50 add a PSA for just \$10 Package total \$36	<input type="checkbox"/> Cholesterol (Lipid Panel) Screening \$5 (Fasting Required) Blood draw to measure the cholesterol levels in the blood. This test includes total cholesterol, HDL cholesterol, Triglycerides, LDL cholesterol, chol/HDLC ratio, and non-HDL cholesterol.
	<input type="checkbox"/> Glucose \$5 (Fasting Preferred) This is a laboratory test to check your blood sugar (blood glucose) levels. (Do NOT do if getting CMP—included on CMP).
	<input type="checkbox"/> CMP-Comprehensive Metabolic Panel \$7 (Fasting Preferred) This test is to check liver enzymes, kidney function, electrolytes, glucose, etc.
	<input type="checkbox"/> Hemoglobin A1C Testing \$9 This test measures your average blood glucose over the last 3 months.
<input type="checkbox"/> Deluxe Package \$58 <ul style="list-style-type: none"> • Cholesterol (Lipid Panel) • Complete Metabolic Profile (CMP) • Complete Blood Count (CBC) • TSH (Thyroid) • A1C • Vitamin D <input type="checkbox"/> Men Over 50 add a PSA for just \$10 Package total \$68	<input type="checkbox"/> CBC-Complete Blood Count \$7 This test is to check platelet levels, red blood cell count, white blood cell count, etc.
	<input type="checkbox"/> TSH \$7 This is a thyroid screening test.
	<input type="checkbox"/> Thyroid Package \$32 This test is a breakdown of thyroid hormones. This is usually only performed on individuals with a known thyroid condition. This test includes T3 Uptake, T4 (thyroxine), free T4 Index, free T4, and TSH.
	<input type="checkbox"/> PSA-Prostate Screening \$10 This test is intended for MEN only. NIH recommends this test for men age 50+ unless risk factors are present then it is recommended for younger men.
	<input type="checkbox"/> Vitamin D \$23 (Fasting Preferred) This test checks your Vitamin D levels in the blood.

I consent to the blood draw screening(s) indicated above. I have read and agree with the accompanying statement. I acknowledge that I have received a copy of the GCHD Notice of Privacy Practices with an effective date of April 1, 2014. I understand that it is my responsibility to communicate all results with my doctor and that the results of this screening do not constitute a diagnosis.

Please hold my results for pickup. (If not checked results will be mailed directly to you.)

I authorize these individuals to pick up my results (optional): _____

(signature)

(date)

SCREENING TEST ACKNOWLEDGMENT FOR MEDICARE PART B BENEFICIARIES

I have been informed and I understand that Medicare does not pay for screening tests except as noted below. I also understand that the tests being performed at this Health Fair are screening tests for which Medicare will not pay except as noted below. I agree to be personally responsible for paying to have these tests performed.

NOTICE TO ALL MEDICARE PART B BENEFICIARIES WHO HAVE PSA, OCCULT BLOOD, CHOLESTEROL, TRIGLYCERIDES, HDL, OR GLUCOSE TESTS PERFORMED

Effective January 1, 2000, Medicare Part B allows a screening occult blood test once every twelve months and a screening Prostate Specific Antigen (PSA) test once every twelve months for males who are over fifty years old.

Effective January 1, 2005, Medicare Part B allows a screening cholesterol, triglycerides and HDL test once every 5 years. Also, effective January 1, 2005, Medicare Part B allows 2 screening glucose tests per year for individuals diagnosed with pre-diabetes. Medicare Part B allows 1 screening glucose test per year for individuals previously tested who were not diagnosed with pre-diabetes, or who have never been tested. If you are eligible under the Medicare program, you may visit your physician and have him or her order any of these screening tests. The laboratory that performs the testing based on your physician’s order will file a claim with Medicare and bill you *only* if the test is not covered by Medicare and you have signed an Advance Beneficiary Notice (ABN) agreeing to pay for the test if Medicare does not pay for it. This Health Fair cannot bill Medicare for you. To be eligible to have the Medicare program pay for the occult blood, PSA, cholesterol, triglycerides, HDL, or glucose screening tests, you must have your physician order the test.

MEDICARE BENEFICIARY’S REFUSAL TO AUTHORIZE LABORATORY TO FILE MEDICARE CLAIM FOR THE SCREENING PSA, OCCULT BLOOD, CHOLESTEROL, TRIGLYCERIDES, HDL, OR GLUCOSE TESTS

I have been informed that Medicare will cover occult blood, PSA, cholesterol, triglycerides, HDL, or glucose tests for screening purposes as described above. I understand that for these tests the Health Fair will not bill Medicare. With full knowledge of the conditions of coverage for the screening PSA, occult blood, cholesterol, triglycerides, HDL or glucose tests, I hereby of my own free will, **refuse to authorize** Quest Diagnostics Incorporated to submit a claim to Medicare on my behalf for occult blood, PSA, cholesterol, triglycerides, HDL or glucose tests. I also understand that I may not file a claim for these tests to Medicare or to any supplemental insurance that I may have.

I understand that the laboratory agrees to perform occult blood, PSA, cholesterol, triglycerides, HDL or glucose tests and to accept my payment for the testing because the testing is being performed as part of this Health Fair and because I refuse to authorize the laboratory to submit a claim to Medicare for the testing. I understand that my payment to the laboratory for occult blood, PSA, cholesterol, triglycerides, HDL or glucose tests is no more than the amount that Medicare would have paid for these tests. I voluntarily take full financial responsibility for occult blood, PSA, cholesterol, triglycerides, HDL or glucose test, even if Medicare would have paid for any or all of these tests.

Participant Signature: _____

Date: _____ **Witness Name (Print/Sign)** _____