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Updated 11.2019

**Health Fair Registration Form**

**Dear Patient: Due to State regulatory requirements, we are unable to provide your lab results to your family healthcare provider.**

Only the provider signing below will be sent lab results. The provider signing this form may contact you regarding critical values outside of the standard range.

\* Indicates a required field.

\*Last Name: \*First Name: \*Middle Initial:

\*Date of Birth: \*Phone Number: Last 4 numbers of SSN:

\*Address: \*City: \*State:

 \*Gender: \*Zip Code:

\***PLEASE SELECT THE TESTS DESIRED:**

$55.00

$25.00

$15.00

Health Fair Profile Total Testosterone

PSA Test (Men only)

$25.00 Glycohemoglobin (A1C)

$50.00 Vitamin D-25OH

**TOTAL**

 Provider Signature:                                                                                                    Date:

**The laboratory tests that you are having performed today fall under a special category and are subject to the following conditions:**

* Payment *(cash/personnel check/credit card)* is required at the time of service.
* Insurance companies, Medicare, and Medicaid DO NOT accept billing for patient initiated testing, which includes health fairs; therefore, Minidoka Memorial Hospital DOES NOT bill – or provide billing information – for patient initiated testing.
* A copy of your lab results will be mailed to the address you provide on this form.

**HEALTH FAIR RECEIPT**

Minidoka Memorial Hospital

1224 8th Street

Rupert, ID 83350

Name:

Birth Date:

**Tests performed:**

□ Health Fair Profile: $55.00

□ Total Testosterone: $25.00

□ PSA (Men only): $15.00

□ Glycohemoglobin (AIC): $25.00

□ Vitamin D-25OH: $50.00

**Total Due:**

Received by: Date:

***Not valid after last day of health fair***

Print Form