GPLHC Consent Statement

Please mark the test or panels that you would like performed.

Payment in full is required *before* collection of samples.

Panels		Individual Tests	
❑ Lipid Panel* & Glucose* *(fasting)* Cholesterol, Triglycerides, HDL, and calculated LDL	$25	❑ Hemoglobin A1C	$15
		❑ TSH*	$25
❑ Hematology Wellness White blood cell, Red blood cell, Hemoglobin, Hematocrit, and Platelets	$20	❑ Free T4	$25
		❑ PSA	$30
❑ Community Wellness *(fasting)* Lipid panel*, Glucose*, TSH*, Hemoglobin, Creatinine, Potassium, Calcium, ALT, Sodium	$45	❑ Microalbumin	$15
		❑ Iron (with Iron Binding Capacity)	$15
		❑ Vitamin D	$75

I hereby release Gundersen Health System (GHS) from any and all liability arising from, or in any way connected to, drawing samples from my body for my wellness testing. I understand the data derived from this testing is considered preliminary only and is in no way conclusive. The responsibility for initiating a follow-up exam to confirm any abnormal tests, and obtain advice and treatment is mine, and mine alone, not that of GHS.

As a patient, I am choosing to pay cash for today's laboratory services. I agree to pay for these services in full before receiving them. I realize these services may be a covered benefit through my health insurance plan, but I am choosing to pay cash instead. I understand that by paying cash I likely will not be able to seek reimbursement from my health insurance for any of these services. I recognize that if I do attempt to seek reimbursement from my health insurance, I may be responsible for violating its benefit requirements. I agree that Gundersen shall not be held liable or responsible for my decisions. I also realize this cash payment may not count towards my health insurance deductible. This may result in higher out of pocket expenses than if I chose to use my health insurance for these services, but I prefer to pay cash instead.

Birthdate_____

Printed Name_____

Signature_____

Time_____ Tech_____

Fasting Y / N

Patient Label

Payment Amount	$
Payment Type: ☐ Cash ☐ Check ☐ Credit ☐ Debit	
Receipt #	By: