

# GPLHC Consent Statement

Please mark the test(s) or panel(s) that you would like performed.  
 Payment *in full* is required *before* collection of samples.

<input type="checkbox"/> <b>Community Wellness Panel</b> *fasting	\$45	Lipid Panel, Glucose, TSH, Hemoglobin, Creatinine, Potassium, Calcium, ALT, Sodium
<input type="checkbox"/> <b>Lipid Panel &amp; Glucose</b> *fasting	\$25	Cholesterol, Triglycerides, HDL, Calculated LDL
<input type="checkbox"/> Limited Renal Panel	\$15	Sodium, Potassium, and Creatinine
<input type="checkbox"/> TSH	\$25	

<input type="checkbox"/> Hematology Wellness	\$20	White blood cell, red blood cell, hemoglobin, hematocrit, platelets
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<input type="checkbox"/> Hemoglobin A1C	\$15	
<input type="checkbox"/> Free T4	\$25	
<input type="checkbox"/> PSA	\$30	
<input type="checkbox"/> Microalbumin	\$15	
<input type="checkbox"/> Iron (with Iron Binding Capacity)	\$15	
<input type="checkbox"/> 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.

<b>Printed Name</b>			Patient Label	
<b>Date of Birth</b>				
<b>Signature</b>				
<b>Time</b>	<b>Tech</b>	<b>Fasting</b> Y / N	<b>Amount Collected</b> \$	<b>By</b>
			<b>Payment Type</b> Cash   Check   Credit / Debit	