WILSON HEALTH
Caring Without Limits

Direct Access Laboratory Testing Program

Wilson Health Laboratory
915 W. Michigan St. – Sidney, Ohio 45365

PLACE WILSON HEALTH REGISTRATION LABEL HERE

Account #:

MR #:

Last Name (please print)	First	MI	Sex	DOB	SSN	Phone

Address	City	State	Zip	Email

Wilson Health Laboratory will attempt to contact the patient with any questions or critical laboratory values, which may indicate serious medical conditions in need of immediate care.
Optional: If Wilson Health Laboratory cannot reach the patient at the numbers provided, **Wilson Health Laboratory is authorized to leave a message with:**

Name:

Consent for Testing

- I am 18 years of age or older (or I am the parent or guardian of the above named patient) and willingly consent to having my blood drawn for the purpose of testing. I request and authorize Wilson Health Laboratory to **mail them to me at the above address.**
- I release and hold harmless Wilson Health and its personnel from any responsibility for my own health care needs, and from any liability from health consequences, which may occur or arise from my participation in and services rendered by this testing. This release also binds my family members, heirs, executors, and assigns.
- I understand that Wilson Health Direct Access testing does not replace the advice and care of my physician. It is intended for educational purposes. A Wilson Health lab test result is not a medical diagnosis, a treatment or form of medical advice. I am solely responsible for promptly talking with a physician about my lab test results. I understand that only my physician can interpret my test results.
- I understand that these test results will be included in the complete medical record chart kept at Wilson Health and may be viewable by my health care provider
- I understand that Wilson Health must act in accordance with Infectious Disease Reporting guidelines and release any required results to the appropriate state Department of Health.
- I understand that because the tests are not ordered by a physician, **insurance companies routinely do not cover the tests.** I understand that Wilson Health will NOT submit these tests for insurance reimbursement.
- I understand that full payment is due at the time of service

I have read, understand and agree to the above provisions

Participants Signature:_____ Date:_____
(Legal Guardian signature if participant is under 18 years of age)

Individual Tests	CPT	Fee
_____Fasting Glucose	82947	$10.00
_____Hemoglobin A1C	83036	$20.00
_____Urine Pregnancy	81025	$15.00
_____Urinalysis with Reflex Microscopic	81003	$20.00
_____Stool Occult Blood	82270	$10.00
_____Hemoglobin	85018	$10.00
_____Iron	83540	$10.00
_____TIBC	83550	$10.00
_____Potassium	84132	$10.00
_____Calcium	82310	$10.00
_____Vitamin D	82306	$45.00
_____TSH	84443	$25.00
_____Free T4	84439	$25.00
_____Prostate Screen (PSA)	84153	$30.00
_____Cholesterol Total	82465	$10.00
_____Testosterone Total	84403	$30.00
_____CRP (High Sensitivity)	86141	$25.00
_____Blood Type (ABORH)	86900 86901	$25.00

Panels / Profiles	CPT	Fee
_____Comprehensive Metabolic Panel	80053	$45.00
_____Basic Metabolic Panel	80048	$30.00
_____Kidney Panel	80069	$35.00
_____Liver Panel	80076	$35.00
_____Lipid Panel	80061	$20.00
_____Complete Blood Count w/ diff (CBC)	85025	$20.00
_____ Anemia Screen Hemoglobin / TIBC / Iron / % Iron Saturation		$30.00
_____ Thyroid Screen TSH / Free T4		$50.00
_____ Men's Health Profile Comprehensive Metabolic Profile / Lipid Panel / PSA screen / High sensitivity CRP		$100.00
_____ Women's Health Profile Comprehensive Metabolic Profile / Lipid Panel / TSH / High sensitivity CRP		$100.00

To Access Your Test Results:
Results will be mailed and will take 7-10 days to receive. If after 10 days you have not received test results, contact medical records at 937-498-5310.

Results will appear in the online portal after 36 hours. To sign up please visit www.wilsonhealth.org

$_____ Total Due
Make Checks Payable to Wilson Health

Paid
Cash:_____
Check:_____
Credit:_____

Rec'd by:_____
Tax ID #: 344427944 NPI #: 1639174204

Lab Use Only
Collection Date:_____
Collection Time:_____
Collector's Initials:_____

Updated: 9/23/2020