



FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1

dba Ferry County Memorial Hospital (509) 775-3333 fax 775-3866

Klondike Hills Assisted Living (509) 775-8228 fax 775-8402

Republic Medical Clinic (509) 775-3153 fax 775-8929

Curlew Medical Clinic (509) 779-4049 fax 779-4004

Physical Rehab Therapy (509) 775-8400 fax 775-8401

DIRECT ACCESS TESTING REQUEST

Thank you for choosing Ferry County Memorial Hospital for your direct access testing needs. In order for us to process your tests and provide you with results in a timely manner, please completely and accurately provide the information requested below. Most results will be mailed within 24 hours. We would urge you to share these results with your personal medical provider. If you do not have a local provider, we welcome you to contact Republic Medical Clinic at (509)775-3153 or Curlew Medical Clinic at (509)779-4194 for an appointment.

Last Name	First Name	Middle Initial	Sex
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Street Address	City, State, Zip	Phone Number
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Do you want results mailed to the above address? YES/NO
 If not, to what address do you want results mailed?

Street Address	City, State, Zip
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TEST MENU

GENERAL HEALTH:

- Basic Metabolic Panel \$ 85.00
- Complete Blood Count \$ 88.00
- Blood Type: A, B, AB, O, Rh +/- \$ 96.00

SPECIALTY:

- Glucose for blood sugar level * \$ 29.00
- Hemoglobin A1c to monitor blood sugar \$ 79.00
- Urine Pregnancy Test \$ 80.00
- Cholesterol to monitor heart risk * \$ 47.00
- Lipid Panel to monitor heart risk * \$ 92.00
- PT/INR to monitor Coumadin therapy \$ 54.00
- TSH to monitor thyroid function \$111.00
- Urinalysis \$ 41.00
- 5-panel urine drug screen (DFW50)** \$116.00
- 12-panel urine drug screen (EDS50G)*** \$116.00
- Blood alcohol level \$135.00

CANCER SCREENING:

- Prostate Specific Antigen (PSA) \$ 95.00
- Colorectal/Fecal Occult Blood (3 specimens) \$ 43.00

HEARING SCREEN:

- Audiogram \$ 99.00

* These tests require that you do not eat or drink anything, except water, for 12 hours prior to testing

**The legal 5-panel drug screen tests for Amphetamines, Cannabinoids, Cocaine, Opiates, and Phencyclidine. It is designed to meet all requirements of the Substance Abuse and Mental Health Services Administration, as well as the Department of Transportation. All positive results will be confirmed by GC/MS before results are released. The specimen is sent to Pathology Associates Medical Laboratory in Spokane so please allow up to 10 days for results.

*** The legal 12-panel drug screen tests for Amphetamines, Alternate Amphetamines, Cannabinoids, Cocaine, Opiates, Alternate Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, and Methaqualone. All positive results will be confirmed by GC/MS before results are released. The specimen is sent to Pathology Associates Medical Laboratory in Spokane so please allow up to 10 days for results.

CONSENT AND DISCLAIMER:

1. I have requested the specific test(s) listed above from Ferry County Memorial Hospital. I understand that the results of direct access tests are for informational purposes only and are not a substitute for medical advice, evaluation, diagnosis, or treatment. I am aware that I am solely responsible for consulting a physician before I stop, start, or change any treatment plan, including the use of medication
2. With each test result, I will be provided a reference (normal) range. Neither Ferry County Memorial Hospital nor its employees will interpret the results for me. I understand that results within the reference (normal) range do not ensure health nor do results that fall outside the reference range necessarily indicate disease.
3. I will not hold Ferry County Memorial Hospital, its officers, directors, or employees, liable for any outcome which may result from my participation in the direct access testing option.
4. I understand that direct access test results will not be shared with my personal medical provider. It will be my responsibility to provide a copy of the test results and discuss them with my medical provider if I so wish.
5. Test results will be mailed to me at the address indicated above in an envelope addressed by me and marked "confidential". I retain all responsibility should someone else at that address access these results. I have provided the following phone number _____ where I can be reached in the event critical values are noted.
6. **I understand I am responsible for payment of services at this time.** I understand that most medical insurance providers, including Medicare, will not cover direct access testing, nor will any payment made for direct access testing reduce my insurance deductible. I also understand that there is no refund option available.

PAYMENT: Amount: \$ _____ Method of Payment: _____

Print Name: _____ Today's Date: _____

Signature: _____

February 2016