



DIRECT ACCESS TESTING

The Direct Access Program is a community service for patients who do not have insurance coverage or for those with high deductibles. This program offers a limited number of laboratory tests which do not require a physician's order.

2021 DATES

February 1st – 5th

May 3rd – 7th

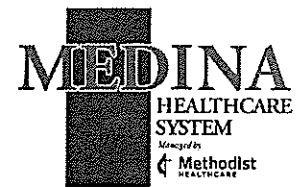
August 2nd – 6th

November 1st – 5th

(830) 426-7788

Results are sent directly to the patient.
Payment is made at time of service and there is no insurance filing necessary

MEDINA REGIONAL HOSPITAL
 DIRECT ACCESS TESTING
 PAID IN FULL AT TIME OF SERVICE - NO FURTHER DISCOUNTS



Providing Quality Care Close to Home

- Patient must register and pay for services with Registration prior to Laboratory collection of specimens.
- This order/registration cannot be combined with any other order or registration.

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Date: _____

Check All Test Ordered:

<input type="checkbox"/> A, B, O Blood Type, Rh Component - 13018	21.00	<input type="checkbox"/> HCG (Pregnancy Test) - 13041	20.00
<input type="checkbox"/> CBC (Complete Blood Count - 13051	21.00	<input type="checkbox"/> PT (Prothrombin Test) - 13010	21.00
<input type="checkbox"/> CMP (Complete Metabolic Panel) - 80053	21.00	<input type="checkbox"/> PSA (Prostate-specific Antigen) - 14179	37.00
<input type="checkbox"/> Drugs of Abuse Screen (Urine Only) - 126091	42.00	<input type="checkbox"/> Strep Screen - 13112	21.00
<input type="checkbox"/> Glucose - 13067	16.00	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone) - 13037	37.00
<input type="checkbox"/> Hemoglobin A1C (Glycated Hemoglobin) - 13209	27.00	<input type="checkbox"/> Urinalysis – 13091	21.00
<input type="checkbox"/> Cholesterol/Lipid Panel (HDL, LDL, Trig, total) – 13073/80061	47.00	<input type="checkbox"/> General Health Screen (CBC, CMP, TSH) - 13385	41.00
<input type="checkbox"/> Mononucleosis Screen - 13134	16.00		
		Total Paid	

PHYSICIAN IS #5 (SELF-REFERRAL)

EMPLOYEE'S INITIAL: _____

Direct access testing is offering the individuals of the community a valuable service. Testing in the laboratory is performed by the standards set forth by the Clinical Improvements Act of 1988. Each patient receiving test results must understand the limitations of the test and acknowledge that they are responsible for any follow-up with their physician. Your results will be mailed to you upon completion of tests. Your physician will not receive a copy of your results without your consent.

Patient's Name (Print): _____

Patient Signature: _____

Date: _____