



DIRECT ACCESS TESTING

Direct Access Testing (DAT) 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 at a discounted rate. A physician's order is not required.

This program is available during the following weeks:

2023 DATES

02/06/23 - 02/10/23

05/01/23 - 05/05/23

08/07/23 - 08/11/23

11/06/23 - 11/10/23

Results are sent directly to the patient.

Payment is made at the time of service.



Medina Regional Hospital
Direct Access Testing

Patient Name: _____ DOB: ___ / ___ / ___
 Address: _____
 City: _____ Zip: _____ Phone: _____ Today's Date: _____

- ✓ Paid in full at the time of service – no further discounts available.
- ✓ 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/registration.

Check All Tests Ordered			
<input type="checkbox"/> A, B, O Blood Type, Rh Component - 1013018	21.00	<input type="checkbox"/> HCG (Pregnancy Test) - 1013041	20.00
<input type="checkbox"/> CBC (Complete Blood Count) - 1013051	21.00	<input type="checkbox"/> PT (Prothrombin Test) - 1013010	21.00
<input type="checkbox"/> CMP (Complete Metabolic Panel) 1080053	21.00	<input type="checkbox"/> PSA (Prostate-specific Antigen) Screen- 1014179	37.00
<input type="checkbox"/> Drugs of Abuse Screen (Urine Only) - 1012609	42.00	<input type="checkbox"/> Strep Screen - 1013112	21.00
<input type="checkbox"/> Glucose - 1013067	16.00	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone) - 1013037	37.00
<input type="checkbox"/> Hemoglobin A1C (Glycated Hemoglobin) - 1013209	27.00	<input type="checkbox"/> Urinalysis - 1081000	21.00
<input type="checkbox"/> Direct LDL(Cholesterol)/Lipid Panel (HDL, LDL, Trig, total) – 1012566/1080061	47.00	<input type="checkbox"/> Mononucleosis Screen - 1013134	16.00

Physician is Self-Referral
 Employee 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 the test. Your physician will not receive a copy of your results without your consent.

Patient Name (Print): _____

Patient Signature: _____ Date: ___ / ___ / ___