

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:

2024 DATES

02/05/24 - 02/09/24

05/06/24 - 05/10/24

08/05/24 - 08/09/24

11/04/24 - 11/08/24

Results are sent directly to the patient. Payment is made at the time of service.



Medina Regional Hospital

Direct Access Testing

Patient Name:				
Add City	ress:	ne:	Today's Date:	-
 ✓ Paid in full at the time of service – no further discounts available. ✓ Patients 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				
	A, B, O Blood Type, Rh Component - 1013018	21.00	☐ HCG (Pregnancy Test) - 1013041	20.00
	CBC (Complete Blood Count) - 1013051	21.00	PT (Prothrombin Test) - 1013010	21.00
	CMP (Complete Metabolic Panel) 1080053	21.00	PSA (Prostate-specific Antigen) Screen- 1014179	37.00
	Drugs of Abuse Screen (Urine Only) - 1012609	42.00	☐ Strep Screen - 1013112	21.00
	Glucose - 1013067	16.00	TSH (Thyroid Stimulating Hormone) - 1013037	37.00
	Hemoglobin A1C (Glycated Hemoglobin) - 1013209	27.00	☐ Urinalysis - 1081000	21.00
	Direct LDL (Cholesterol)/Lipid Panel (HDL, LDL, Trig, total) – 1012566/1080061	47.00	☐ Mononucleosis Screen - 1013134	16.00
	Vitamin D-025H - 1013114	45.00		
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://				

01/2024