



# MINIDOKA MEMORIAL HOSPITAL



## Laboratory Services

\* Indicates a required field.

\*Last Name  \*First Name  \*Initial

\* Date of Birth  \*Phone Number  Last 4 numbers of SSN

\*Address  \*City  \*State

\*Gender  \*Zip Code

**\*PLEASE SELECT THE TESTS DESIRED:**

- \$50.00 Health Fair Profile
- \$20.00 Total Testosterone
- \$12.00 P.S.A. Test (Men only)
- \$20.00 Glycohemoglobin (A1C)
- \$40.00 Vitamin D-25OH

**TOTAL**

The laboratory tests that you are having performed today fall under a special category and are subject to the following conditions:

- **Payment (cash/personnel check/credit card) is required at the time of service.**
- **Insurance companies, Medicare, and Medicaid DO NOT accept billing or patient initiated testing, which includes health fairs, therefore, Minidoka Memorial Hospital DOES NOT bill – or provide billing information – for patient initiated testing.**
- **A copy of your lab results will be mailed to the address you provide on this form.**

### RESULTS CANNOT BE SENT TO YOUR PHYSICIAN.



## HEALTH FAIR RECEIPT

Minidoka Memorial Hospital  
1224 8th Street  
Rupert, ID 83350

Name:

Birth Date:

Tests performed:

- Health Fair Profile - \$50.00
- Total Testosterone-\$20.00
- P.S.A. Test (Men only) - \$12.00
- Glycohemoglobin (A1C) - \$20.00
- Vitamin D-25OH - \$40.00

Received by

Date:

Print Form