

**Health Fair Registration Form**

**Dear Patient: Due to State regulatory requirements, we are unable to provide your lab results to your family healthcare provider.** Only the provider signing below will review the lab results. The provider signing this form may contact you regarding critical values outside of the standard range.

\* Indicates a required field.

\*Last Name:  \*First Name:  \*Middle Initial:

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

\*Address:  \*City:  \*State:

\*Gender:  \*Zip Code:

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

- |                                  |                       |                                  |                   |
|----------------------------------|-----------------------|----------------------------------|-------------------|
| <input type="checkbox"/> \$58.00 | Health Fair Profile   | <input type="checkbox"/> \$45.00 | COVID-19 Antibody |
| <input type="checkbox"/> \$25.00 | Total Testosterone    |                                  |                   |
| <input type="checkbox"/> \$15.00 | PSA Test (Men only)   |                                  |                   |
| <input type="checkbox"/> \$25.00 | Glycohemoglobin (A1C) |                                  |                   |
| <input type="checkbox"/> \$50.00 | Vitamin D-25OH        |                                  |                   |

**TOTAL**

Provider Signature: *SMcCaffrey FNP* Date: \_\_\_\_\_

**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 for 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.



**HEALTH FAIR RECEIPT**

Minidoka Memorial Hospital  
1224 8th Street  
Rupert, ID 83350

Name:

Birth Date:

**Tests performed:**

<input type="checkbox"/> Health Fair Profile:	\$58.00
<input type="checkbox"/> Total Testosterone:	\$25.00
<input type="checkbox"/> PSA (Men only):	\$15.00
<input type="checkbox"/> Glycohemoglobin (A1C):	\$25.00
<input type="checkbox"/> Vitamin D-25OH:	\$50.00
<input type="checkbox"/> COVID-19 Antibody	<u>\$45.00</u>

**Total Due:**

Received by:  Date:

**Not valid after last day of health fair**

Print Form