

Direct Access Testing

Available Monday-Friday 8 AM-4 PM by appointment
(Excludes Holidays) 715-822-7500

Patient Label

Customer Information (Please Print)			DISCLAIMER
Name _____ Last First MI			<p>I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> • Anyone under the age of 18 must be accompanied by a parent or guardian. • Tests are being performed at my request. • Results will NOT be forwarded to my provider. • Once testing is complete, results will be sent to your patient portal. A Patient Access Representative can assist with portal set up. • Any critical/urgent values will be given to the "on-call" physician at Cumberland Healthcare. • Pricing is subject to change without notice.
DOB _____ Sex M / F Month Day Year			
Phone _____			
Address _____			
City/State/Zip _____			
<input type="checkbox"/> I would like my results mailed to the address above. A letter explaining test information will accompany your results.			
Quantity	Test Menu	Charge	<p>Signature of Customer or Parent/ Guardian _____</p> <p>Date: _____</p> <p>Payment Method:</p> <p><input type="checkbox"/> \$ _____ Cash</p> <p><input type="checkbox"/> \$ _____ Check# _____</p> <p><input type="checkbox"/> \$ _____ Credit Card</p> <p>Make checks payable to: Cumberland Healthcare</p> <p>Total: \$ _____</p> <p>Received by: _____</p>
Blood Tests			
	Basic Metabolic Profile (BMP) (includes BUN, calcium, chloride, CO ₂ , creatinine, glucose, potassium, sodium) 8 hour fasting	\$30	
	Blood Type (ABO/Rh)	\$30	
	Complete Blood Count (CBC)	\$30	
	Hemoglobin A1C	\$25	
	Lipid Medication Monitor Panel (includes ALT, AST, Cholesterol, LDL, HDL, Triglycerides) 12 hour fast required for best results	\$35	
	PSA	\$45	
	TSH	\$35	
	Vitamin D	\$40	
	External Kit Prep/Processing	\$75	
1	Blood Draw Fee	\$5	
	Blood Tests Sub Total	\$	
Urine Tests			
	Urine Microalbumin	\$30	
	Pregnancy Test (urine)	\$15	
	Urine Tests Sub Total	\$	
	TOTAL	\$	

