



Ferry County Health

DIRECT ACCESS TESTING REQUEST – Effective 11/10/2022

Thank you for choosing Ferry County Memorial Hospital for your direct access testing needs. In order for us to process your tests and provide you with results in a timely manner, please completely and accurately provide the information requested below. Most results will be mailed within 24 hours. We would urge you to share these results with your personal medical provider. If you do not have a local provider, we welcome you to contact Republic Medical Clinic at (509)775-3153 for an appointment.

Form fields for Last Name, First Name, Middle Initial, Sex, and DOB.

Form fields for Street Address and Phone Number.

Form field for City, State, Zip.

Form fields for secure email preference and email address.

Form fields for Mailing Address and City, State, Zip.

TEST MENU:

GENERAL HEALTH:

Table listing general health tests and prices: Basic Metabolic Panel (\$87.11), Complete Blood Count (\$113.58), Blood Type (\$95.18).

SPECIALTY:

Table listing specialty tests and prices: Glucose for blood sugar level (\$40.23), Hemoglobin A1c (\$70.84), Urine Pregnancy Test (\$109.17), Cholesterol to monitor heart risk (\$40.60), Lipid Panel (\$119.09), PT/INR (\$50.31), TSH (\$139.07), Urinalysis (\$75.75), 5-panel urine drug screen (\$149.05), 12-panel urine drug screen (\$149.05), 13-panel in-house urine drug screen (\$55.75), Blood alcohol level (\$87.12), COVID-19 PCR (\$145.86), COVID-19 Antigen (\$80.00).

CANCER SCREENING:

Table listing cancer screening tests and prices: Prostate Specific Antigen (PSA) (\$130.05), Colorectal/Fecal Occult Blood (3 specimens) (\$54.13).

HEARING SCREEN:

Table listing hearing screen test and price: Audiogram (\$109.00).

LABORATORY

36 Klondike Rd, Republic, WA 99166
P. (509) 775-8231 F. (509) 775-0293



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* These tests require that you do not eat or drink anything, except water, for 12 hours prior to testing

**The legal 5-panel drug screen tests for Amphetamines, Cannabinoids, Cocaine, Opiates, and Phencyclidine. It is designed to meet all requirements of the Substance Abuse and Mental Health Services Administration, as well as the Department of Transportation. The specimen is sent to Pathology Associates Medical Laboratory in Spokane so please allow up to 10 days for results.

*** The legal 12-panel drug screen tests for Amphetamines, Alternate Amphetamines, Cannabinoids, Cocaine, Opiates, Alternate Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Propoxyphene, and Methaqualone. The specimen is sent to Pathology Associates Medical Laboratory in Spokane so please allow up to 10 days for results.

CONSENT AND DISCLAIMER:

1. I have requested the specific test(s) listed above from Ferry County Hospital. I understand that the results of direct access tests are for informational purposes only and are not a substitute for medical advice, evaluation, diagnosis, or treatment. I am aware that I am solely responsible for consulting a physician before I stop, start, or change any treatment plan, including the use of medication.
2. With each test result, I will be provided a reference (normal) range. Neither Ferry County Hospital nor its employees will interpret the results for me. I understand that results within the reference (normal) range do not ensure health nor do results that fall outside the reference range necessarily indicate disease.
3. I will not hold Ferry County Hospital, its officers, directors, or employees, liable for any outcome which may result from my participation in the direct access testing option.
4. I understand that direct access test results will not be shared with my personal medical provider. It will be my responsibility to provide a copy of the test results and discuss them with my medical provider if I so wish.
5. Test results will be mailed to me at the address indicated above in an envelope marked "confidential". I retain all responsibility should someone else at that address access these results. I have provided the following phone number _____ - _____ - _____ where I can be reached in the event critical values are noted.
6. **I understand I am responsible for payment of services at this time.** I understand that most medical insurance providers, including Medicare, will not cover direct access testing, nor will any payment made for direct access testing reduce my insurance deductible. I also understand that there is no refund option available.

PAYMENT:

Payment Total: \$_____

Method of Payment: Cash Check Credit Card

Patient Name (Printed)

Patient Signature

____/____/_____
Testing Date

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