



CHADRON COMMUNITY HOSPITAL & HEALTH SERVICES

825 Centennial Drive • Chadron, Nebraska 69337
(308) 432.5586 • (308) 432.2737 fax

Pre-registration is strongly encouraged! Mail, e-mail, or fax this form to the hospital (see address at bottom of form). You may also drop off at CCHHS Admissions.

Last Name: _____ First Name: _____ MI: _____

Male Female Date of Birth (MM/DD/YYYY): _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

Primary Care Provider: _____

Select Requested Testing 'X'				
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	\$20	<input type="checkbox"/> PSA Screening \$30 The PSA test has been widely used to screen men ages 50-69 for prostate cancer.	
<input type="checkbox"/>	Lipid Panel	\$20		
<input type="checkbox"/>	Hemogram	\$20		
<input type="checkbox"/>	TSH	\$20		
<input type="checkbox"/>	Hemoglobin A1C	\$20		
Column 1 Total		\$	Column 2 Total	\$

A 12 hour fast is recommended but not required. Diabetics should not fast.

I understand that additional health screenings may be performed at no charge to me. Third party payers will not, and are not, to be billed. I also understand that health screenings can provide only certain preliminary measurements, and cannot be relied upon to diagnose the existence or absence of any medical condition. I understand that my participation in the CCH Health Fair is not a substitute for examination by a healthcare professional/provider, and that I alone am responsible for obtaining, from a doctor or other qualified healthcare professional/provider, medical information or services concerning: (1) any aspect of my health, and (2) any information I may receive from the CCH Health Fair.

In return for being given free or low-cost health screenings, I release CCH, corporations and organizations sponsoring or participating and all of their employees, officers, directors, trustees, volunteers and agents (the "Released Parties") from any and all claims, demands or assertions of liabilities which I or my representatives might make, including claims of negligence, arising from, or based in whole or in part on, my participations in the CCH Health Fair, results of CCH screenings, any statements made to me by any health fair agent, employee or volunteer, nondisclosure to me of any information, my receipt or non-receipt of any information from CCH, any event or circumstance that may occur while I am present at the CCH Health Fair site, or any other act or omission of any of the Released Parties.

I am 19 years of age or older, and I have read, understand, and agree to the foregoing consent and release.

Participant Signature Date

Witness Signature Date

NOTICE TO ALL MEDICARE PART B BENEFICIARIES: I understand that should I go to my physician and/or healthcare provider, Medicare allows a screening occult blood test every twelve (12) months; screening cholesterol, triglycerides and HDL tests once every five (5) years; screening glucose tests under certain conditions once every twelve (12) months; and a screening Prostate Specific Antigen test (PSA) one every twelve (12) months for males who are over fifty (50) years of age.

MEDICARE WAIVER: I have been informed and understand fully, that NO claim will be filed on behalf, NOR will I file a claim with Medicare or my Supplemental Insurance. I voluntarily take full financial responsibility for the screening(s) I have requested, even if Medicare would have paid for any or all of these tests, had I gone to my physician or healthcare provider. I, therefore, of my own will, refuse to authorize CCH to submit a claim to Medicare of my behalf.

Participant Signature Date

Please print off registration form at
https://www.chadronhospital.com/assets/site/News/LAB_DRAW_Registration_Form.pdf

or pick up at CCHHS Admissions Department

Please send registration to: CCH Admissions, 825 Centennial Drive, Chadron, NE 69337

OR fax to (308)432-2737 OR e-mail admissions@chadronhospital.com

Payment Options include: Cash, Check, Card. **Payment due upon date of service**