

PUBLIC SCREEN PATIENT SELF-REQUESTED TESTS

PATIENT NAME - LAST		FIRST	MIDDLE INITIAL
DATE OF BIRTH			GENDER
CITY		STATE	ZIP
ADDRESS - STREET			
PHONE NO.	HAVE YOU HAD ANYTHING TO EAT OR DRINK, EXCEPT WATER, FOR THE PAST 12 HOURS? YES NO		
Patient requested testing authorizes SCHS LAB to collect specimen(s) and deliver results to patient. Any additional release of information requests require a 3740 HIPAA authorization form be completed and signed. There is not a seven day waiting period for patient self-order			
<input type="checkbox"/> LAB4300 Lipid Panel, Public Screen (HDL / LDL Cholesterol Screen With Triglycerides).....\$ 10.00 <input type="checkbox"/> LAB81 Glucose Fasting, Public Screen \$ 5.00			
LAB4125 - Collection and Handling (No tests are ran or billed by SCHS, <u>DO NOT USE</u> this form for <u>Nateria, Myraid or Paternity collections</u>)			
<input type="checkbox"/> Patient / other provided Shipping \$ 35.00 <input type="checkbox"/> Shipping paid by SCHS Lab \$ 55.00 <input type="checkbox"/> Collection New Born Screening \$ 15.00 <input type="checkbox"/> Collection Eye Serum Autologous \$ 35.00			
Drug Screens (Non-Medical/NON-Legal) Self Pay (testing performed at MAYO Medical Lab)			
<input type="checkbox"/> LAB4107 CDAU7 (non-legal) Drug Abuse Survey with Confirmation, 9 panel, Urine.....\$ 50.00 ***additional (Opiate, Amphetamine, Barbiturates, Benzodiazepines, Cocaine and metabolite, Ethanol, Methadone, Phencyclidine, Carboxy-THC) All positive results reflex to a confirmation test and will be additional charges. CDAU7***Patient must initial to acknowledge they understand there will be additional charges and a bill sent for payment as self-pay for all drug(s) with positive results that reflexed a confirmation.			
PATIENTSIGNATURE: _____		DATE: _____	TIME: _____

Public Screens are test(s) approved by the state of Oregon for patients to request without a physician order. Only tests on this form are eligible for self-ordered tests. Public screen will NEVER be submitted to patient insurance. Payments are collected at time of service by Check/Cash or Credit/Debit. ***drug screen explain additional charges and have patient initial.

Registration: (Multiple orders need to have an encounter for each one)

1. OneClick : use the drop down to select "Lab Public Screen" **Make sure to create a second encounter if Multiple orders.**
2. Registration Guarantor: Self as primary
3. Hospital Lab Info: Submitter: Public Screen
4. Coverage Info:
 - If insurance coverage is listed, mark the "DO NOT BILL INSURANCE" box
 - If no insurance coverage, mark as Self-Pay
5. Scan this form into Epic encounter
6. Collect payment
7. Post payment
8. Print a receipt for patient, and a copy of the "Public Screen Patient Self Requested Tests" form.
9. Scan form into transcribed orders and send original white copy to the Lab.

Laboratory:

1. From Appointment go to Order entry. Make sure the appointment is Visit type "Lab Public Screen" and has its own encounter.
2. Use public screen tests order codes seen above. These must be ordered correctly to ensure the correct pricing.
3. Complaint: (diagnosis): Z01.89 Laboratory Exam
4. Authorizing providers: use "Screen, Public" Never use enter provider on the fly.
5. *****Multiples orders (public Scrn / Phys ordered) should be entered on different accounts / and order requisitions.
6. Use CC if patient desires a copy to their provider.
7. Submitter: this will default if entered during registration (Public Screen)

PRUEBAS PÚBLICAS DE DETECCIÓN SOLICITADAS POR EL PACIENTE

NOMBRE DEL PACIENTE - APELLIDO		NOMBRE		INICIAL DEL SEGUNDO NOMBRE	
FECHA DE NACIMIENTO				SEXO	
CIUDAD			ESTADO		CÓDIGO POSTAL
DIRECCIÓN - CALLE					
NÚMERO DE TELÉFONO		¿HA COMIDO O BEBIDO ALGO, EXCEPTO AGUA, DURANTE LAS ÚLTIMAS 12 HORAS? SI NO			
Las pruebas solicitadas por el paciente autorizan al Laboratorio de SCHS a recolectar muestras y entregar los resultados al paciente. Cualquier publicación adicional de solicitudes de información requiere que se complete y firme un formulario de autorización 3740 HIPAA. No hay un período de espera de siete días para las órdenes solicitadas por el paciente.					
<input type="checkbox"/> LAB4300 Panel de Lípidos, Prueba Pública (Prueba de colesterol HDL / LDL con Triglicéridos)..... \$ 10.00 <input type="checkbox"/> LAB81 Ayuno de glucosa, Prueba Pública \$ 5.00					
LAB4125 - Recolección y Manejo (SCHS no realiza ni factura las pruebas, <u>NO UTILICE</u> este formulario para los kits Nateria o Myraid)					
<input type="checkbox"/> Paciente / otro envío proporcionado \$ 35.00 <input type="checkbox"/> Envío pagado por el Laboratorio de SCHS \$ 55.00 <input type="checkbox"/> Recolección de Prueba para el Recién Nacido \$ 15.00 <input type="checkbox"/> Recolección de Suero para Ojos Autólogos \$ 35.00					
Pruebas de detección de drogas (no médicas / no legales) Pago Particular (pruebas realizadas en el Laboratorio Médico MAYO)					
<input type="checkbox"/> LAB4107 CDAU7 (no-legal) Encuesta de Abuso de Drogas con Confirmación, Panel 9, Orina..... \$ 50.00 ***adicional (Opiáceos, Anfetaminas, Barbitúricos, Benzodiazepinas, Cocaína y metabolitos, Etanol, Metadona, Fenciclidina, Carboxi-THC) Todos los resultados positivos reflejan una prueba de confirmación y serán cargos adicionales. CDAU7***El paciente debe poner sus iniciales para reconocer que entiende que habrá cobros adicionales y que se enviará una factura para el pago como pago particular de todas las drogas con resultados positivos que reflejaron una confirmación.					
FIRMA DEL PACIENTE: _____		FECHA: _____		HORA _____	

Las pruebas públicas de detección son pruebas aprobadas por el estado de Oregon para que los pacientes las soliciten sin una orden médica. Sólo las pruebas de este formulario pueden ser solicitadas por el paciente. Las pruebas públicas de detección NUNCA se enviarán al Seguro médico del paciente. Los pagos se harán en el momento en que se reciba el servicio ya sea con un cheque/efectivo o tarjeta de Crédito o Débito ***la prueba de detección de drogas explica cobros adicionales y tiene las iniciales del paciente.

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