

**Hillsboro Health Wellness Fair Registration Form**  
**(12 HOUR FASTING REQUIRED FOR HEALTH FAIR PANEL)**  
**SCHEDULED APPOINTMENTS ARE REQUIRED**  
**SEE REVERSE FOR ADDITIONAL INSTRUCTIONS,**  
**LOCATION, DATE & TIMES: (NO EARLY ARRIVALS, PLEASE)**

**June 19 and June 20, 2024**  
Hillsboro Health Campus  
Cloud Room  
(Patio Entrance)  
**6:30am-8:30am**  
You are required to have a healthcare practitioner to participate in the Health Fair.  
**Scheduled appointments are required.**  
Please call **217-532-4200**.

**Advance Beneficiary Notice and Registration Form**  
This testing is offered as a part of Hillsboro Health efforts in community wellness. These tests are completed on a cash basis only. These tests are for screening purposes and are not considered medically necessary testing. They will not be billed to nor will they be covered by Medicare, Medicaid, or any insurance companies.

VN# \_\_\_\_\_  
20- \_\_\_\_\_ (For laboratory use only)

**Required Registration Information (Please Print)**

<b>Name:</b> (Last, First, Middle)		<b>Address:</b> (Street, City, State, Zip)	
<b>Sex:</b> (M / F)	<b>Date of Birth:</b> (Month / Day / Year)	<b>Phone Number:</b> (     )     -	<b>E- mail Address:</b>
<b>Physician's Name:</b> (Please supply their address if not a local physician)			

I wish to receive E-mail notifications about news and events from Hillsboro Health

Because of the high discount and non-medical necessity of this testing, no receipt will be given and no bills will be sent.

**Testing Requested**

- Health Fair Panel** (Blood sugar, BUN, Creatinine, Potassium, Sodium, SGOT, SGPT, WBC, Hematocrit, Hemoglobin, Bilirubin, Cholesterol, eGFR, Triglyceride, LDL, HDL, T/C Ratio, Calcium)  
\$ 40.00
- Thyroid Stimulating Hormone (TSH)**      **Vitamin D**  
\$ 35.00     \$ 35.00
- Health Fair PSA testing only**      **Hemoglobin A-1C** (3 month average glucose level)  
\$ 35.00 (Men only)     \$ 30.00
- Hepatitis C**  
\$ 35.00

**Acknowledgement of Privacy Notice**

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- I acknowledge receipt of the Privacy Notice on this date.
- I have received it on a prior date and do not want a copy of the most recent notice.
- Information not given: Reason: \_\_\_\_\_

I release the results to Hillsboro Health, my doctor or assigned healthcare provider and Montgomery County Health Dept. for statistical use. All names and identifying data will be removed from the health department's data. **Testing cannot be done without a health care provider receiving the results.**

**X**Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Dr. Zhu, Pathologist \_\_\_\_\_

## **SPECIAL INSTRUCTIONS FOR WELLNESS FAIR REGISTRATION**

### **TO REGISTER AND TO SCHEDULE AN APPOINTMENT**

- A. Call **532-4200** Monday through Thursday from 8:30 am to 3:30 pm to schedule an appointment.
- B. Submit your completed registration form with payment **by June 12, 2024**
- C. (see below for mailing/payment instructions) or your appointment may be cancelled.)

**MAIL COMPLETED REGISTRATION FORMS AND PAYMENT BY **6/12/24** TO:**

**Hillsboro Health  
Attn: Alicia Murzynski  
1200 E. Tremont St.  
Hillsboro, IL 62049**

**You must have a healthcare provider to participate  
in the Health Fair.  
If not a local provider, please provide a fax number.**