

Hillsboro Health (formerly Hillsboro Area Hospital) 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 17 and June 18, 2025

Hillsboro Health Campus

Cloud Room

(Patio Entrance)

6:30am-9:00am

You are required to have a healthcare practitioner to participate in the Health Fair.

Scheduled appointments are encouraged. 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)

Name: (Last, First, Middle)		Address: (Street, City, State, Zip)	
Sex: (M / F)	Date of Birth: (Month / Day / Year)	Phone Number: () -	E- mail Address:
Physician's Name: (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 _____

PLEASE SEE REVERSE FOR ADDITIONAL INSTRUCTIONS

Over ↗

SPECIAL INSTRUCTIONS FOR WELLNESS FAIR REGISTRATION

TO REGISTER AND TO SCHEDULE AN APPOINTMENT

- A. Call **217-532-4200** 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 10, 2025**
- C. See below for mailing/payment instructions or your appointment may be cancelled.

MAIL COMPLETED REGISTRATION FORMS AND PAYMENT BY **6/10/25 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.**