



# HealthCheck Certificate

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cash Pay  
Register as **"WELL"** Contract

State Employee Covered by PEBP  
Register as **"WSN"** Contract

Cash Pay with Physician Orders  
Register as **"WELL"** Contract

## HealthCheck Criteria

- CASH or CHECK only
- Can not be used for insurance submittal
- Uninsured, underinsured or PEBP participants only
- Results will be sent within 14 days
- It is the patient responsibility to provide their primary care physician with the results

*Please note: Some tests may not be covered under this program. Please confirm pricing if you have questions.*

I accept the terms listed above

Physician Name: \_\_\_\_\_

## Bring this Certificate to any of these Convenient Locations:

- Carson Tahoe Regional Medical Center  
1600 Medical Parkway, Carson City
- Carson Tahoe Specialty Medical Center  
775 Fleischmann Way, Carson City
- Carson Tahoe Minden Medical Center  
925 Ironwood Drive, Minden
- Carson Tahoe Dayton Professional Bldg  
901 Medical Center Drive, Dayton

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Signature of Patient / Guardian