

Columbia regional screening registration

About the screening

Date	Location	Registration deadline
April 10-11, 2024	Capitol Center - 15th floor	April 8, 2024
	1201 Main Street	
	Columbia. SC	

This screening, worth more than \$300, is offered at no cost to employees, retirees, spouses, dependent children ages 19 and older, and COBRA subscribers whose primary coverage is the State Health Plan or MUSC Health Plan. Within three weeks after your screening, you will receive your results that highlight any values outside the normal range. We recommend scheduling an adult well visit after your screening to share your results with your network provider.

What's included in the screening

- Lipid profile (total cholesterol, LDL, HDL and triglyceride).
- Chemistry profile (Blood Urea Nitrogen (BUN) and creatinine, glucose, electrolytes, chloride and bicarbonate).
- Hemogram (Red and white blood cell count, hemoglobin and hematocrit).

Occupational Health Screening Group at ericwpatch@gmail.com or 864.915.2015.

Blood pressure, height and weight.

1. Attach this completed form to the email; or

Registration

To register, email ericwpatch@gmail.com with "Columbia regional screening" in the subject line and:

2. Include the information below in the body of the email.					
Nan	ne:				
Work phone:			_ Home phone:		
Ema	nil:				
Req	uested Day: April 10 April 11				
	uested appointment window: 7:30-9:00 a.m.		10:30-11:30 a.m.		
You	will receive your appointment time by email.	If vou	have any questions, contact Carolina		

Terms and conditions

- The preventive screening requires a 12-hour fasting prior to your appointment time; however, you may drink water during this 12-hour period. We encourage you to drink plenty of water prior to your screening, which helps with the blood draw.
- If you take medications, please continue to do so.
- Arrive as close to your designated appointment time as possible.
- Bring your insurance card with you to the screening. Your benefits identification number (BIN), which is on your insurance card, is required when filling out paperwork.
- The Plan allows for one preventive screening per calendar year (January to December).
- If Medicare or TRICARE is your primary insurance, you are not eligible to receive a screening at no cost.
- At your screening, you will have the option to send your screening results to BlueCross BlueShield of South Carolina to help you better manage your health.
- Appointment times are assigned on a first-come, first-served basis.

Optional tests

Below is a list of the most popular optional tests and their prices. These tests can be requested and paid for the day of the screening. COHSG only accepts payment in the form of cash, check or money order.

• Thyroid: \$15 • CA-125: \$35

• Vitamin D, 25-Hydroxy: \$60

Prostate-Specific Antigen (PSA): \$25

Hemoglobin A1C: \$35

• Blood type: \$20

• C-Reactive Protein (CRP): \$20

Homocysteine: \$45