



Havasus Community Health Foundation

2126 McCulloch Blvd N Suite 14

Lake Havasu City, AZ 86403

Phone 928 453-8190 Fax: 928 453-8236

Confirmation Code: _____

Application Screenings

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

MED SCREEN				Expires	Amount	MED SCREEN				Expires	Amount
CT Abdomen/Pelvis						Echocardiogram					
Without Contrast	4906	1100.00	2 Mos			IAC/Orbits					
With Contrast	4906	1200.00	2 Mos			Without Contrast	4906	480.00	2 Mos		
CT Angiography	4906	660.00	2 Mos			With Contrast	4906	660.00	2 Mos		
CTA's With Runoff	4906	840.00	2 Mos			MRI					
CT SCAN						Without Contrast	4947	540.00	2 Mos		
Without Contrast	4906	480.00	2 Mos			With Contrast	4947	720.00	2 Mos		
With Contrast	4906	660.00	2 Mos			Ultrasound	4914	300.00	2 Mos		
Dexa-Scan	4918	150.00	6 Mos			Multiples					
Sub Total:											

Tax-deductible donation: _____

Donations Havasus Community Health Foundation: _____

Cancer Association: _____

Total: \$ _____

Notes:

I hereby release Havasus Community Health Foundation from all liability. If I do not personally obtain the results of this test, it is my responsibility to contact my physician for said results. *This Agreement shall be effective the day it is signed by both parties and expires as posted next to the procedure.* If I fail to complete my procedure by the expiration date, HCHF will consider my payment as a donation. I understand I will need to sign a new application and make an additional payment to utilize this program once it has expired. **Transaction Fees - Non-refundable:** You understand that a donation payment, once charged to your credit card, is final and non-refundable with the exception that you can prove the transaction was made through an unauthorized use of your credit card. If you become aware of unauthorized use of your credit card, or it is lost or stolen, you must notify your credit card provider in accordance with its reporting rules. 90 cents of every dollar donated supports your charitable program of choice.

Payment Method ☐ CASH ☐ CHECK ☐ CREDIT ☐ SPLIT ☐ OTHER Check No. _____

Participant/Caregiver Signature _____

Date _____

HCHF Representative _____

Date _____

Havasus Community Health Foundation is a 501(c)(3) public charity serving health-related needs and social services in the Lake Havasu community.

Our taxpayer identification number is 20-1839858, AZ Tax Credit: QCO 21974

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