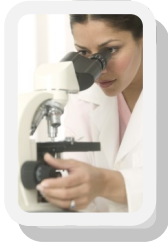


*What you
don't know
can hurt you!*



Our Vision, Mission, & Values

Havasu Community
Health Foundation



Cancer
Association of
Havasu

Low-Cost Lab Screenings

Low-cost lab screenings are available to residents of the Lake Havasu Community when their screenings are not affordable through their health insurance.

Patients must register through **HAVASU COMMUNITY HEALTH FOUNDATION**, and pay applicable fees **prior** to arranging for their screenings

Screenings are performed at Lake Havasu Medical Lab (LabCorp)

Available Screenings:

T3 Uptake.....	\$10.00
Free T4.....	\$15.00
TSH-Thyroid.....	\$35.00
Complete Blood Count.....	\$15.00
Vitamin D.....	\$40.00
Hgb A1c.....	\$20.00
Lipid Panel.....	\$25.00
Comprehensive Metabolic Panel.....	\$20.00
Urinalysis.....	\$30.00

*The following screenings are
subsidized by*

**CANCER ASSOCIATION
OF HAVASU**

CA-125.....	\$50.00
PSA.....	\$20.00

At the Havasu Community Health Foundation, we envision Lake Havasu as one of the world's healthiest communities, with residents enjoying long, pleasurable, active lives, and where no-one feels isolated by illness.

Our mission is to operate as a charitable foundation of caring individuals dedicated to the better health and wellness of the Lake Havasu community by facilitating and coordinating appropriate health-related programs and fundraising activities.

CORE VALUES

We support and encourage healthy living

Educating with current information about good health choices is our job

Living longer by living smarter is our mantra

Life quality in Lake Havasu is improved because of our programs and services

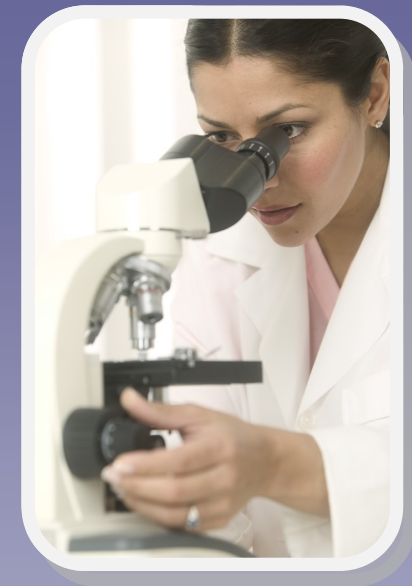
News about health options in our community is conveyed through HCHF

Everyone in our community can access common wellness screenings

Support of HCHF comes from the private sector

Success of HCHF is a result of the efforts of dedicated volunteers and staff

Low-Cost Screening Programs



*What you
don't know
can hurt you!*

*Services available through
Havasu Community Health Foundation
94 Acoma Blvd. S. Ste. 101
Lake Havasu City, AZ 86403
(928) 453-8190*



**CANCER ASSOCIATION OF HAVASU &
HAVASU COMMUNITY HEALTH FOUNDATION**



helping local residents monitor their health

**The following procedures are subsidized by
Cancer Association of Havasu:**

Mammograms—\$40.00

The Cancer Association of Havasu is pleased to be able to provide low-cost mammograms in the Lake Havasu Community. A physician's order is required. The \$40.00 charge includes both the mammogram and the radiologist's reading. Screenings are performed at Havasu Regional Medical Center.

Skin Cancer Screenings—\$25.00

*A physician's order is **not** required for full-body screenings for skin cancer, which are performed at Mohave Skin and Cancer Clinic.*

Oral Cancer Screenings—\$10.00

*The screening is performed at Havasu Dentistry, and a physician's order is **not** required.*

Colon Cancer Screenings (ColoGuard)—\$50.00

A physician's order is required for the Cologuard kit.

These low-cost diagnostic services are intended for those for members of our community who would find them difficult to access due to high deductibles or because the service is not covered through their health insurance.

**Patients must register at the
HAVASU COMMUNITY HEALTH FOUNDATION
and pay any applicable fees PRIOR to arranging for services.**
Donations and proceeds of fundraising events make these programs possible.

Havasu Community Health Foundation

Proudly offers the following low-cost diagnostic services

Magnetic Resonance Imaging (MRI)—Price per procedure will vary—call 453-8190

A physician's order is required. Service is performed at Arizona Coast Wide Open MRI.

Bone Densitometry Scan—\$95.00

A physician's order is required. Service is performed at Havasu Regional Medical Center.

X-Rays—Price per procedure will vary—call 453-8190

A physician's order is required. Service is performed at Lake Havasu Imaging Center.

**Visit our website: www.havasucommunityhealth.org
to donate on-line and/or subscribe to our weekly newsletter!**

*Help support WELLNESS
in our community with a donation.
Donors and supporters make
our programs possible.*

Name _____

Address _____

City _____

State _____ Zip _____

Phone: _____ Home Work

Cell Phone: _____

E-Mail Address: _____

(You will be subscribed to our weekly newsletter)

Amount of Donation: \$ _____ payable to HCHF

I want my donation directed to
Cancer Association of Havasu
programs and services.

I want my donation directed to
Havasu Community Health
Foundation general fund to be used
where most needed.

I would like to make my donation
to honor **or** be in memory of:

Name _____

Send acknowledgment to:

Name _____

Address _____

City _____

State _____ Zip _____

Mail to:

**Havasu Community Health Foundation
94 Acoma Blvd. S. Ste. 101
Lake Havasu City, AZ 86405**