

Alphabetical Listings, Individual Tests

Prices included are for patients only, and cannot be used for client bills and/or other third party payers.

Test Code	Test Name	Self-Pay Price*
0025	AFP, Tumor Marker	\$37.00
0036	Amylase, Serum	\$14.00
0038	ANA Screen	\$27.00
0039	Antibody Screen	\$12.00
0156	Blood Group, Rh Type	\$6.00
0049	BUN	\$9.00
0536	CA 125	\$32.00
0823	CA 27.29	\$41.00
0053	CBC w/Diff	\$12.00
0034	CBC w/o Diff	\$12.00
0055	CEA	\$42.00
0058	Cholesterol	\$10.00
0068	CK	\$11.00
0069	CRP	\$12.00
1005	CT/GC, rRNA, TMA	\$137.00
0516	Estradiol	\$46.00
0088	Ferritin	\$29.00
0090	Folic Acid	\$33.00
0092	FSH	\$40.00
0093	Gamma-glutamyl transpeptidase (GGTP)	\$11.00
0095	Glucose, Fasting	\$12.00
0953	H. Pylori Antibody Profile	\$66.00
0327	HCG., Quant	\$31.00
0059	HDL Chol., Direct	\$14.00
0102	Hemoglobin A1C	\$36.00
0216	Hemoglobin Fractionation (HPLC)	\$35.00
0538	Hep A Ab, IgM	\$24.00
0105	Hep A Total Ab w/Reflex	\$27.00†
0108	Hep B Core Antibody	\$27.00
0106	Hep B Surface Ag	\$20.00
0107	Hep B Surface Antibody	\$23.00
0812	Hep C Antibody	\$29.00
0109	Herpes I/II Ab IgG	\$70.00
B688	HIV AG/AB 4th Gen	\$36.00
3320	HS-CRP	\$28.00
0250	Iron + TIBC	\$34.00

Test Code	Test Name	Self-Pay Price*
0117	Lactate Dehydrogenase (LDH)	\$14.00
2194	LDL Direct	\$21.00
0398	Lead, Blood (Child)	\$24.00
0342	LH	\$40.00
1639	Lp(a)	\$26.00
0120	Magnesium	\$14.00
0228	Microalb., Urine, Random	\$24.00
0127	Phosphorus	\$10.00
0335	Progesterone	\$35.00
0134	Prolactin, Serum	\$42.00
0085	Protein Electrophoresis	\$22.00
2088	PSA Free/Total	\$55.00
0190	PSA Total	\$35.00
0137	PT w/INR	\$8.00
0139	PTT	\$14.00
0141	Retic Count	\$9.00
0796	RF, Quant	\$10.00
0142	RPR	\$9.00
0973	Rubella, IgG	\$28.00
0086	Sedimentation Rate (ESR)	\$8.00
0366	Sickle Cell Screen	\$9.00
0271	T3, Free	\$38.00
0150	T3, Total	\$32.00
0152	T3, Uptake	\$14.00
0091	T4, Free	\$20.00
0151	T4, Total	\$15.00
T814	QFT TB Gold Plus	\$93.00
7301	Testosterone Free + Total	\$87.00
0078	Throat Culture	\$20.00
0153	TSH	\$36.00
A518	TSH w/Reflex to Free T4	\$36.00†
0157	Uric Acid	\$10.00
0159	Urinalysis Routine w/Micro	\$6.00
0080	Urine Culture	\$17.00†
0597	Varicella Zos. (IgG)	\$24.00
0287	Vit B12/Folate	\$53.00
0160	Vitamin B12	\$33.00
0286	Vitamin D 25-hydroxy	\$65.00

*Prices subject to change without notice

†Additional charges may apply if reflex testing occurs

Commonly Ordered Tests and Panels

Self-Pay Pricing*

Patients who do not have insurance or prefer to use our self-pay option are eligible to receive a discounted prompt payment self-pay price as indicated below. Payment must be made within 15 days of the invoice date for the discounted self-pay price. Below is a listing of commonly ordered tests and panels included within the program.

Commonly Ordered Panels		
Test Code	Test Name	Self-Pay Price*
9893	Anemia Profile	\$198.00
9892	Arthritis Profile	\$287.00
2555	Basic Metabolic Panel (BMP)	\$14.00
0165	ChemProfile 29	\$45.00
0992	Comprehensive Hepatitis Panel	\$110.00
3427	Comprehensive Metabolic Panel (CMP)	\$17.00
0867	Comprehensive Thyroid Panel	\$88.00
0628	Drug Screen 8 Profile	\$101.00
0572	EBV Profile	\$96.00
9149	General Health Panel	\$56.00
3422	Hepatic Function Panel	\$14.00
0009	Lipid Panel	\$20.00
0010	Obstetric Panel	\$76.00

Custom Diagnostic Profiles		
Test Code	Test Name	Self-Pay Price*
F100	Chronic Fatigue Profile	\$383.00†
F307	Comprehensive Heart Health Monitoring	\$212.00
F306	Comprehensive Heart Health Baseline	\$237.00
Q471	Heart Health Baseline	\$210.00
Q472	Heart Health Monitoring	\$182.00
F101	Gastric Distress Profile	\$238.00†
8431	Perimenopausal Hormonal Profile	\$84.00
P244	Perimenopause/Menopause Risk Management Profile	\$167.00
F238	Sexual Health (Female) Profile	\$329.00
F239	Sexual Health (Male) Profile	\$329.00

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†Additional charges may apply if reflex testing occurs

Individual Tests Listed on Reverse Side