

Patient Name:

DOB:



Date of Service:

I accept financial responsibility for the testing ordered by my provider and understand that even if my insurance is billed the costs may not be covered.

Patient Signature: \_\_\_\_\_

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

Test Name	Cash Price	Ins Price	CPT Code	Test Name	Cash Price	Ins Price	CPT Code
Acute Hepatitis Panel	\$54	\$95	80074	Iron Panel	\$44.45	\$80	multiple
<b>Allergen Specific IgE (per unit)</b>	<b>\$7.50</b>	<b>\$9</b>	<b>86003</b>	Leptin, Serum or Plasma	\$75	\$175	83520
Aluminum, Serum	\$28	\$42	82108	<b>Lipid panel</b>	<b>\$14.80</b>	<b>\$26</b>	<b>80061</b>
ANA Screen (screen only)	\$13.40	\$50	86038	Lipoprotein A	\$16	\$27	83695
Anti-TG (Thyroglobulin Ab)	\$17.50	\$38	86800	Lipoprotein Phospholipase A2	\$51	\$80	83698
Anti-TPO (Thyroperoxidase Ab)	\$16	\$35	86376	Magnesium RBC	\$40	\$50	83735
Apolipoprotein B/A Ratio	\$46	\$72	82172	Matrix Metalloproteinase - 9	\$110	\$175	83520
BNP Natriuretic Peptide	\$40	\$60	83880	a-MSH (alpha Melanocyte Stimulating Hormone)	\$200	\$200	83519
<b>C-Reactive Protein</b>	<b>\$5.60</b>	<b>\$12</b>	<b>86140</b>	MTHFR Gene	\$100	\$100	81291
<b>C-Reactive Protein HS</b>	<b>\$14.50</b>	<b>\$30</b>	<b>86141</b>	Natural Killer Cells (NK Cells, CD57)	\$216	\$220	86356
CBC with auto diff, auto WBC	\$10	\$18	85025	NMR LipoProfile	\$60	\$108	multiple
CMP (Metabolic Panel)	\$11.60	\$24	80053	OmegaCheck	\$32	\$50	82542
Celiac Disease Panel	\$50.80	\$72	83516	Osmolality	\$10	\$16	83930
Coenzyme Q10	\$32	\$50	82542	Oxidized Low-density LDL	\$25	\$175	83520
Copper, Serum or Plasma	\$16	\$90	82525	Pap Test	\$30	\$48	88142
Copeptin	\$260	\$260	86255	Progesterone, Serum or Plasma	\$25	\$50	84144
COVID Antibody IgG and IgM	\$60	\$80	86769	Prostate Specific Antigen (PSA Total)	\$20.20	\$42	84153
<b>DHEA - Sulfate</b>	<b>\$25</b>	<b>\$42</b>	<b>82627</b>	SHBG -Sex Hormone Binding Globulin	\$25	\$54	84270
DHT (Dihydrotestosterone)	\$52	\$60	82642	Testosterone, Free and Total (Males)	\$53.30	\$106	multiple
ESR (Erythrocyte Sed Rate)	\$3	\$6	85652	Testosterone (Female and Children)	\$56.30	\$106	multiple
<b>Estradiol</b>	<b>\$31</b>	<b>\$62</b>	<b>82670</b>	Thyroid Antibody Group	\$33.50	\$73	multiple
<b>Ferritin</b>	<b>\$15</b>	<b>\$32</b>	<b>82728</b>	Thyroid stimulating hormone (TSH)	\$18.50	\$35	84443
Fibrinogen	\$20	\$20	85384	Thyroid Panel	\$55.20	\$111	multiple
Folate, Serum or Plasma	\$16.30	\$34	82746	T3 Reverse	\$20	\$36	84482
Food Specific Allergy Panel	\$90	\$108	86003	T3, Free	\$19	\$40	84481
<b>GGT</b>	<b>\$8</b>	<b>\$13</b>	<b>82977</b>	T4, Free	\$10	\$21	84439
Glucose	\$4.50	\$8	82947	Transforming Growth Factor	\$165	\$175	83520
<b>Hemoglobin A1C</b>		<b>\$16</b>	<b>83036</b>	Uric Acid	\$5	\$10	84550
<b>HPV Detection</b>	<b>\$45</b>	<b>\$85</b>	<b>87624</b>	Urine bacterial culture	\$9	\$14	87086
<b>Homocysteine</b>	<b>\$20</b>	<b>\$42</b>	<b>83090</b>	Vascular Endothelial Growth Factor	\$150	\$175	83520
Insulin-Like Growth Factor (IGF)	\$30	\$48	84305	Vitamin A (Retinol)	\$20	\$24	84590
Immunoglobulin A (Total IgA)	\$15	\$21	82784	<b>Vitamin B12</b>	<b>\$16.60</b>	<b>\$34</b>	<b>82607</b>
Immunoglobulin E (Total IgE)	\$18	\$38	82785	<b>Vitamin D 25-OH</b>	<b>\$40</b>	<b>\$68</b>	<b>82306</b>
<b>Insulin</b>	<b>\$12.60</b>	<b>\$25</b>	<b>83525</b>	Zinc, Serum	\$16	\$70	84630
<b>Iron</b>	<b>\$8</b>	<b>\$15</b>	<b>83540</b>	Genetic Testing			
Iron Binding Capacity	\$8	\$20	83550	Additional Tests			