



Client Fee Schedule

Price
Acknowledgement

1565 McGaw Ave Ste B
Irvine CA 92614
Phone (800) 820-8803

Client Name: _____ List Prices _____

Name: _____

Last Updated: _____ 11/28/2023 _____

Signature: _____

Date: _____

Clinical Testing						
Panel Code	<input type="checkbox"/>	Tube	Panel Description	Loc	CPT	Patient TOS
8000	<input type="checkbox"/>	L	Complete Blood Count (CBC) with Diff	IHD	85025	\$12.66
7003	<input type="checkbox"/>	S	Comprehensive Metabolic Panel	IHD	80053	\$17.21
7116	<input type="checkbox"/>	L	Hemoglobin A1c	IHD	83036	\$15.82
7001	<input type="checkbox"/>	S	Lipid Panel	IHD	80061	\$21.81
8500	<input type="checkbox"/>	S	Vitamin D, 25-OH	IHD	82306	\$48.22

Endocrinology						
Panel Code	<input type="checkbox"/>	Tube	Panel Description	Loc	CPT	Patient TOS
7354	<input type="checkbox"/>	S	AMH	IHD	82397	\$47.50
7359	<input type="checkbox"/>	S	beta-hCG, Total w/ reflex to Dilution	IHD	84702	\$24.52
7325	<input type="checkbox"/>	S	Estradiol (E2), Sensitive	IHD	82670	\$45.51
7332	<input type="checkbox"/>	S	Testosterone, Total	IHD	84403	\$42.05
7335	<input type="checkbox"/>	S	TSH (3rd IS)	IHD	84443	\$27.37

Infectious Diseases						
Panel Code	<input type="checkbox"/>	Tube	Panel Description	Loc	CPT	Patient TOS
4407	<input type="checkbox"/>	S	HBsAg	IHD	87340	\$16.83
4405	<input type="checkbox"/>	S	HCV (Ab)	IHD	86803	\$23.24
22811	<input type="checkbox"/>	S	Hepatitis Panel, Acute w/ Reflex	IHD	80074	\$77.59
4442	<input type="checkbox"/>	S, L	HIV 4th Gen. w/ reflex to Differentiation	IHD	87389	\$39.22
8535	<input type="checkbox"/>	S	RPR w/ reflex to Titer and T. pallidum, IgG	IHD	86592	\$6.96

Microbiology						
Panel Code	<input type="checkbox"/>	Tube	Panel Description	Loc	CPT	Patient TOS
10000	<input type="checkbox"/>	U	Culture, Urine	IHD	87086	\$13.15
10001	<input type="checkbox"/>	Es	Culture, Vaginal	IHD	87070	\$14.04

Anatomical Pathology						
Panel Code	<input type="checkbox"/>	Tube	Panel Description	Loc	CPT	Patient TOS
10010	<input type="checkbox"/>	FC	Biopsy	IHD	88305	\$92.89
4104	<input type="checkbox"/>	TP	HPV, High Risk Screen w/ reflex to 16/18/45 Genotyping	IHD	87624	\$57.17
4102	<input type="checkbox"/>	TP	Pap Smear, ThinPrep	IHD	88142	\$33.00

Note: Reflex testing is performed at an additional cost