



Client Fee Schedule

Price
Acknowledgement

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

Client Name: _____ List Prices _____

Name: _____

Last Updated: _____ 11/16/2023 _____

Signature: _____

Date: _____

| Clinical Testing | | | | | | | |
|------------------|--------------------------|------|--------------------------------------|-----|-------|--------------|-------------|
| Panel Code | <input type="checkbox"/> | Tube | Panel Description | Loc | CPT | Client Price | Patient TOS |
| 8000 | <input type="checkbox"/> | L | Complete Blood Count (CBC) with Diff | IHD | 85025 | \$10.66 | \$12.66 |
| 7003 | <input type="checkbox"/> | S | Comprehensive Metabolic Panel | IHD | 80053 | \$14.49 | \$17.21 |
| 7116 | <input type="checkbox"/> | L | Hemoglobin A1c | IHD | 83036 | \$13.32 | \$15.82 |
| 7001 | <input type="checkbox"/> | S | Lipid Panel | IHD | 80061 | \$18.37 | \$21.81 |
| 8500 | <input type="checkbox"/> | S | Vitamin D, 25-OH | IHD | 82306 | \$40.61 | \$48.22 |

| Endocrinology | | | | | | | |
|---------------|--------------------------|------|---------------------------------------|-----|-------|--------------|-------------|
| Panel Code | <input type="checkbox"/> | Tube | Panel Description | Loc | CPT | Client Price | Patient TOS |
| 7354 | <input type="checkbox"/> | S | AMH | IHD | 82397 | \$40.00 | \$47.50 |
| 7359 | <input type="checkbox"/> | S | beta-hCG, Total w/ reflex to Dilution | IHD | 84702 | \$20.65 | \$24.52 |
| 7325 | <input type="checkbox"/> | S | Estradiol (E2), Sensitive | IHD | 82670 | \$38.32 | \$45.51 |
| 7332 | <input type="checkbox"/> | S | Testosterone, Total | IHD | 84403 | \$35.41 | \$42.05 |
| 7335 | <input type="checkbox"/> | S | TSH (3rd IS) | IHD | 84443 | \$23.05 | \$27.37 |

| Infectious Diseases | | | | | | | |
|---------------------|--------------------------|------|---|-----|-------|--------------|-------------|
| Panel Code | <input type="checkbox"/> | Tube | Panel Description | Loc | CPT | Client Price | Patient TOS |
| 4407 | <input type="checkbox"/> | S | HBsAg | IHD | 87340 | \$14.17 | \$16.83 |
| 4405 | <input type="checkbox"/> | S | HCV (Ab) | IHD | 86803 | \$19.57 | \$23.24 |
| 22811 | <input type="checkbox"/> | S | Hepatitis Panel, Acute w/ Reflex | IHD | 80074 | \$65.34 | \$77.59 |
| 4442 | <input type="checkbox"/> | S, L | HIV 4th Gen. w/ reflex to Differentiation | IHD | 87389 | \$33.03 | \$39.22 |
| 8535 | <input type="checkbox"/> | S | RPR w/ reflex to Titer and T. pallidum, IgG | IHD | 86592 | \$5.86 | \$6.96 |

| Microbiology | | | | | | | |
|--------------|--------------------------|------|-------------------|-----|-------|--------------|-------------|
| Panel Code | <input type="checkbox"/> | Tube | Panel Description | Loc | CPT | Client Price | Patient TOS |
| 10000 | <input type="checkbox"/> | U | Culture, Urine | IHD | 87086 | \$11.07 | \$13.15 |
| 10001 | <input type="checkbox"/> | Es | Culture, Vaginal | IHD | 87070 | \$11.82 | \$14.04 |

| Anatomical Pathology | | | | | | | |
|----------------------|--------------------------|------|--|-----|-------|--------------|-------------|
| Panel Code | <input type="checkbox"/> | Tube | Panel Description | Loc | CPT | Client Price | Patient TOS |
| 10010 | <input type="checkbox"/> | FC | Biopsy | IHD | 88305 | \$78.22 | \$92.89 |
| 4104 | <input type="checkbox"/> | TP | HPV, High Risk Screen w/ reflex to 16/18/45 Genotyping | IHD | 87624 | \$48.14 | \$57.17 |
| 4102 | <input type="checkbox"/> | TP | Pap Smear, ThinPrep | IHD | 88142 | \$27.79 | \$33.00 |

Note: Reflex testing is performed at an additional cost