

Community HealthCheck Lab

Physician Lab Form

Register as WELL Contract

 Referring Physician _____
 Physician Signature _____
 Copy to _____

 Physician Name/Address/Phone and Fax Numbers

 Name: _____ Race: _____ SS# _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: ____/____/____ Phone Number: (____) _____
 Fasting Yes No Diagnosis or ICD9: _____

TEST	CHARGE	TEST	CHARGE	TEST	CHARGE
PANELS		Lipase	22.50	Progesterone	45.00
Basic Metabolic Panel	31.50	Magnesium	18.00	Prolactin	45.00
Comp Metabolic Panel	36.00	Phosphorus	18.00	Testosterone	45.00
Lipid Panel	31.50	Potassium (K)	18.00	Transferrin	31.50
Liver Function Panel	31.50	Pre Albumin	26.10	THYROID TESTING	
Renal Function Panel	34.20	Protein Total	18.00	T4 Total	31.50
Wellness Panel (CMP+Lipid)	54.00	Sodium (NA)	18.00	T4 Free	36.00
HEMATOLOGY		Triglycerides	18.00	T3 Uptake	31.50
CBC (with Diff and Plt)	31.50	Uric Acid	22.50	T3 Free	36.00
Hemogram	27.00	Vitamin B12	31.50	TSH	31.50
Sed Rate	31.50	Vitamin D 25 Hydroxy	55.00	TUMOR MARKERS	
CHEMISTRY BLOOD		DIABETIC TESTING		CA 125	36.00
Albumin	18.00	Glycohemoglobin (HA1c)	36.00	CA 15-3	45.00
Alk Phosphatase	18.00	Insulin Serum	45.00	CA 19-9	45.00
ALT	18.00	Microalbumin Random (Urn)	37.80	CEA	36.00
Amylase	22.50	THERAPEUTIC DRUG TESTING		PSA (Diagnostic or Screen)	40.50
ApoLipoprotein (a)	47.70	Digoxin	26.10	PSA (Free & Total)	49.50
ApoLipoprotein B	47.70	Phenytoin	26.10	URINE CHEMISTRY	
AST	18.00	CARDIAC ASSESSMENT		Creatinine Urn Random	24.30
Bilirubin Direct	18.00	BNP	139.50	Creatinine Urn 24hr	24.30
Bilirubin Total	18.00	C-Reactive Protein (hs CRP)	18.00	Creatinine Clearance	36.00
BUN	18.00	Homocysteine	56.70	Microalbumin Urn Random	37.80
Calcium	18.00	Troponin I	31.50	Microalbumin Urn 24hr	37.80
Cholesterol - Total	18.00	IMMUNOCHEMISTRY		Protein Urn Random	31.50
Cholesterol - LDL	18.00	Cortisol	26.10	Urinalysis Routine	22.50
Cholesterol - HDL	18.00	Estradiol	45.00	COAGULATION	
CK - Total	18.00	Ferritin	31.50	PT INR	24.30
Creatinine	18.00	Folate	31.50	PTT	29.70
Iron Total	18.00	HCG Qual	26.10	Fibrinogen	29.70
Iron + TIBC	36.00	HCG Quant	26.10	SEROLOGY	
GGT	18.00	HIV 1+2	25.00	ANA	24.30
Glucose	18.00	Luteinizing Hormone	36.90	Mononucleosis Screen	27.00
LDH	18.00	Follicle Stimulating Hormone	31.50	Rheumatoid Factor	27.00



02/17/2010

Please note: These special rates are for cash-paying, un-insured or under-insured patients. Fees and charges cannot be billed to insurance.