



2011 Rock St, STE D2, Peru IL 61354

Ph: 815-780-8134 Fax: 815-250-0652

Order	Test	Code	Price	Diagnosis
x	Venipuncture Fee	36415	\$30	
	Medicare Collection Fee	N/A	\$25	
	Basic Metabolic Panel	80048	\$13.05	
	CBC w/ Diff	85025	\$11.40	
	Comp. Metabolic Panel	80053	\$16.29	
	Electrolytes	80051	\$22.08	
	Estradiol	82670	\$30.18	
	Ferritin	82728	\$20.85	
	Folate	82746	\$24.60	
	FSH	83001	\$19.68	
	Glucose, Random	82962	\$19.89	
	Hemoglobin A1c	83036	\$19.98	
	Hepatic Function Panel	80076	\$13.13	
	Hepatitis Panel: Hep A AB, Total; Hep B Core AB, Total; Hep B Surf AB QL; Hep B Surf AG W Conf; Hep C AB W/ Rflx HCV	80074	\$93.52	
	HIV 1/ 2 AG/AB, 4 w/ rflx	87535, 87538	\$58.38	
	LH	83002	\$19.68	
	Lipid Panel	80061	\$16.35	
	Microalbumin, Random w/o CR	82043	\$21.90	
	Microalbumin Creatinine Ratio	82043	\$37.11	
	Protime	005199	\$70.14	
	PSA, Total	84153	\$22.80	
	PTH, Intact & Calcium	83970	\$73.65	
	PTH, Intact w/o Calcium	83970	\$62.68	
	Renal Function Panel	80069	\$14.13	
	Testosterone	84402	\$75.00	
	TSH	004259	\$16.83	
	T3, FREE	84481	\$32.22	
	T4, FREE	84439	\$20.04	
	Vitamin B12	82607	\$21.72	
	Vitamin D, 25-OH, Total	82306	\$45.00	

Patients Name: _____

DOB: _____

Phone #: _____

Date of Order: _____

Provider: _____

NPI: _____

Fax: _____

Phone: _____

ADDITIONAL TESTING:

PROVIDER SIGNATURE:

Illinois Valley AccuLabs DOES NOT accept ANY insurance other than MEDICARE. Medicare patients are responsible for a \$25 collection fee at the time of service. Illinois Valley AccuLabs WILL print all patients an itemized receipt so that the patient will be able to send their bill to their insurance company for reimbursement if they wish to do so on their own.