XPRESS URGENT CARE

ROUTINE LABS		
80074	Acute Hepatitis Panel	35.00
80076	Liver Function Panel	30.00
80061	Lipid Panel	50.00
17669	Rheumatoid Panel	50.00
83520	CCPAB IGG	40.00
86431	Rheumatoid Factor	50.00
86038	ANA	30.00
85025	CBC	30.00
80053	Comp Metabolic Panel	40.00
80048	Basic Metabolic Panel	30.00
84703	Pregnancy Qual, Blood	35.00
88142	Pap Smear, Thin Prep	90.00
	< ^ Add all three codes	
84153	PSA	45.00
86140	CRP	25.00
85652	Sed Rate	30.00
83036	Hgb A1C	35.00
82150	Amylase	30.00
83690	Lipase	30.00
84550	Uric Acid	35.00
80162	Digoxin	40.00
85610	PT	30.00
85730	PTT	40.00
82607	Vitamin B 12 (NO FOLATE)	40.00
82306	Vitamin D, 25 Hydroxy LC/MS	100.00
THYROID PANEL		
84443	TSH	40.00
84480	T3, Total	50.00
84481	T3, Free	30.00
84436	T4, Total	36.00
84439	T4,Free	30.00
TITERS		
86317	Hepatitis B Surf Antibody QL	30.00.
86765	Measles Antibody IgG	15.00.
86735	Mumps Virus Antibody IgG	15.00.
86762	Rubella Immune Status	15.00.
	MMR Immune status	45.00
86787	Varicella Zoster Virus IgG	35.00

TITERS		
	TB Gold test	155.00
STD/EXPOSURE		
86592	RPR/VDRL	35.00
87490	Chlamydia, Probe	30.00
87590	Gonorrhea, Probe	30.00
87491	Gonorrhea/Chlamydia Urine	110.00
87591	< ^ Add both codes	
86701	HIV	90.00
86696	Herpes HSV 2	60.00
87480	Bacterial Vaginosis*	130.00
87510	Vaginal Screen*	
87660	DNA*	
	< ^ Add all three codes	
Cultures		
87086	Urine C/S	60.00
87070	Wound C&S	60.00

I understand that the charges presented to me are due in full on the day of service, unless arrangements have been made with the physician. I also understand that these charges are solely in relation to professional services provided by the physician, and or other services that are performed in the office.

Patient Name _____ Patient Signature _____ Date _____