CLIA-Waived Testing Fee Schedule

Laboratory Name: Chicago Instruction Center for Career Development

Effective Date: June 17, 2026

CLIA-Waived Test Pricing Schedule

CPT Code	Modifier	Test Name	Standard Charge ($)	Self-Pay Price ($)	Notes
82962	QW	Blood Glucose Monitoring	35.00	20.00	Finger-stick glucose
81002	QW	Urinalysis Dipstick	30.00	15.00	No microscopy
81025	None	Urine Pregnancy Test	35.00	20.00	Visual color comparison
87880	QW	Rapid Strep A Test	55.00	35.00	Group A Streptococcus
87804	QW	Influenza A/B Test	65.00	45.00	Rapid flu screening
87811	QW	COVID-19 Antigen Test	55.00	35.00	Rapid antigen screening
85610	QW	PT/INR Test	65.00	45.00	Anticoagulation monitoring
82270	None	Fecal Occult Blood Test (Screening)	30.00	20.00	Peroxidase activity
82272	None	Fecal Occult Blood Test (Diagnostic)	35.00	25.00	One to three determinations

Additional Laboratory Services

Service	Standard Charge ($)	Self-Pay Price ($)
Venipuncture Collection Fee	20.00	15.00
Specimen Processing Fee	15.00	10.00
Laboratory Consultation	50.00	40.00
Medical Record Copy Fee	10.00	5.00

Billing Notes

1. Standard charges represent the laboratory's usual and customary charges.
2. Self-pay prices apply to uninsured patients or patients electing not to bill insurance.
3. Payment is due at the time of service unless prior arrangements have been made.
4. Good Faith Estimates will be provided in accordance with applicable regulations.
5. CPT codes and pricing are subject to periodic review and revision.