



**(4311) MALE AGE MANAGEMENT PANEL III
CPT COST BREAKDOWN FOR INSURANCE PURPOSES**

CPT CODE	ITEM DESCRIPTION	PRICE
82040	ALBUMIN	\$ 9.00
82533	CORTISOL	\$ 20.07
82627	DHEA-SO4	\$ 11.59
82670	ESTRADIOL (E2)	\$ 11.59
83525	INSULIN	\$ 14.90
84144	PROGESTERONE	\$ 14.90
84153	PROSTATE SPECIFIC ANTIGEN, FREE	\$ 20.06
84153	PROSTATE SPECIFIC ANTIGEN, TOTAL	\$ 14.90
84270	SEX HORMONE BINDING GLOBULIN	\$ 11.59
84305	INSULIN-LIKE GROWTH FACTOR - 1 (IGF-1) (SOMATOMEDIN-C)	\$ 23.18
84402	FREE TESTOSTERONE	\$ 19.87
84403	TESTOSTERONE	\$ 14.90
84481	TRIIODOTHYRONINE (T3), FREE	\$ 11.59
82397	INSULIN LIKE GROWTH FACTOR BINDING PROTEIN 3	\$ 20.86
84140	PREGNENOLONE	\$ 56.00
	TOTAL	275.00

Meridian Valley Laboratory Tax ID # 91-1909428

OCT 21, 2011