



(4307) MALE (NON-FASTING) AGE MANAGEMENT PANEL

CPT COST BREAKDOWN FOR INSURANCE PURPOSES

CPT CODE	ITEM DESCRIPTION	PRICE
82040	Albumin	\$11.99
82627	DHEA-SO4	\$11.99
82670	Estradiol (E2)	\$11.99
83090	Homocysteine	\$21.43
84153	Prostate Specific Antigen, Free	\$13.64
84153	Prostate Specific Antigen, Total	\$15.30
84270	Sex Hormone Binding Globulin	\$11.99
84305	Insulin-like Growth Factor-1(GF-1) (SOMATOMEDIN-C)	\$23.51
84402	Free Testosterone	\$20.27
84403	Testosterone	\$15.30
84481	Triiodothyronine (T3), Free	\$11.99
86140	C-Reactive Protein (High Sensitivity)	\$19.60
	Total	\$189.00

Meridian Valley Laboratory Tax ID # 91-1909428

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