



(4305) FEMALE (NON-FASTING) AGE MANAGEMENT PANEL

CPT COST BREAKDOWN FOR INSURANCE PURPOSES

CPT CODE	ITEM DESCRIPTION	PRICE
82040	Albumin	\$24.64
82627	DHEA-SO4	\$24.64
82670	Estradiol (E2)	\$24.64
83090	Homocysteine	\$24.75
84144	Progesterone	\$26.64
84270	Sex Hormone Binding Globulin	\$26.64
84305	Insulin-like Growth Factor-1(GF-1) (SOMATOMEDIN-C)	\$28.29
84402	Free Testosterone	\$29.67
84403	Testosterone	\$27.25
84481	Triiodothyronine (T3), Free	\$24.64
86140	C-Reactive Protein (High Sensitivity)	\$28.95
82397	IGFBP-3	\$29.25
	Total	\$320.00

Meridian Valley Laboratory Tax ID # 91-1909428

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