



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

### CPT COST BREAKDOWN FOR INSURANCE PURPOSES

CPT CODE	ITEM DESCRIPTION	PRICE
82040	Albumin	\$24.59
82627	DHEA-SO4	\$24.59
82670	Estradiol (E2)	\$24.59
83090	Homocysteine	\$22.76
84153	Prostate Specific Antigen, Free	\$23.24
84153	Prostate Specific Antigen, Total	\$25.90
84270	Sex Hormone Binding Globulin	\$20.59
84305	Insulin-like Growth Factor-1(GF-1) (SOMATOMEDIN-C)	\$23.18
84402	Free Testosterone	\$25.87
84403	Testosterone	\$24.90
84481	Triiodothyronine (T3), Free	\$24.59
86140	C-Reactive Protein (High Sensitivity)	\$25.95
82397	IGFBP-3	\$29.25
	<b>Total</b>	<b>\$320.00</b>

Meridian Valley Laboratory Tax ID # 91-1909428

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