

Hector Family Medicine

521 E. County Line Rd., Ste G
Greenwood IN 46143

Phone: 317-300-4994
Email: info@hectormd.com

Please Call to Schedule Your Lab Appointment. Our lab is open 9:00 am- 3:30 pm.

<input type="checkbox"/>	Albumin, CPT: 82040	\$10	<input type="checkbox"/>	Homocysteine, Cardiovascular, CPT: 83090	\$40
<input type="checkbox"/>	Alk Phos, CPT 84075	\$10	<input type="checkbox"/>	Iodine, Urine, CPT: 83789	\$80
<input type="checkbox"/>	ALT (SGPT), CPT: 84460	\$10	<input type="checkbox"/>	Iron and TIBC, CPT: 83540, 83550	\$20
<input type="checkbox"/>	Amylase, CPT: 82150	\$20	<input type="checkbox"/>	LH, CPT: 83002	\$20
<input type="checkbox"/>	ANA w/ reflex, titer, CPT: 86039	\$20	<input type="checkbox"/>	Leptin, CPT: 83519	\$100
<input type="checkbox"/>	AST (SGOT), CPT: 84450	\$20	<input type="checkbox"/>	Lipase, CPT: 83690	\$10
<input type="checkbox"/>	Bilirubin, direct, CPT: 82248	\$20	<input type="checkbox"/>	Lipid Panel (fasting 9-12 hrs), CPT: 80061	\$20
<input type="checkbox"/>	BMP (Basic Metabolic Panel), CPT: 80048	\$20	<input type="checkbox"/>	Liver Profile, test code: 317	\$20
<input type="checkbox"/>	Calcium, CPT: 82310	\$10	<input type="checkbox"/>	Magnesium, CPT: 83735	\$10
<input type="checkbox"/>	CBC w/Diff, CPT: 85025	\$20	<input type="checkbox"/>	Methylmalonic Acid, CPT: 83921	\$60
<input type="checkbox"/>	CCP, IgG, 86200	\$20	<input type="checkbox"/>	MMR, test code: 455	\$50
<input type="checkbox"/>	Celiac Panel, CPT: 83516 x4	\$90	<input type="checkbox"/>	MTHFR, CPT: 81291	\$140
<input type="checkbox"/>	Chlamydia/GC/TV, CPT: 87491,87591,87661	\$140	<input type="checkbox"/>	NMR Lipo Profile, CPT: 80061, 83704	\$60
<input type="checkbox"/>	Childhood Allergy Panel, CPT: 86003x11	\$100	<input type="checkbox"/>	Phosphorus, CPT: 84100	\$10
<input type="checkbox"/>	Cortisol, CPT: 82533	\$20	<input type="checkbox"/>	Potassium, CPT: 84132	\$10
<input type="checkbox"/>	CK, CPT: 82550	\$20	<input type="checkbox"/>	Progesterone, CPT: 84144	\$20
<input type="checkbox"/>	CMP, CPT: 80053	\$30	<input type="checkbox"/>	PSA, CPT: 84153	\$20
<input type="checkbox"/>	Creatinine W/ GFR, CPT: 82565	\$10	<input type="checkbox"/>	Prolactin, CPT: 84146	\$20
<input type="checkbox"/>	C Reactive Protein, CPT: 86140	\$20	<input type="checkbox"/>	Prottime/ INR, CPT: 85610	\$20
<input type="checkbox"/>	CRP high sensitivity (cardiac), CPT: 86141	\$20	<input type="checkbox"/>	Renal Panel, CPT: 80069	\$20
<input type="checkbox"/>	D-Dimer, CPT: 85379	\$50	<input type="checkbox"/>	Rheumatoid Factor, CPT: 86431	\$20
<input type="checkbox"/>	Diphtheria & Tetanus Ab, CPT: 86317x2	\$60	<input type="checkbox"/>	RPR Titer, CPT: 86593	\$20
<input type="checkbox"/>	DHEA Sulfate, CPT: 82627	\$20	<input type="checkbox"/>	Sed Rate, CPT: 85651	\$20
<input type="checkbox"/>	Estradiol, CPT: 82670	\$20	<input type="checkbox"/>	Selenium, RBC, CPT: 84255	\$60
<input type="checkbox"/>	Ferritin, CPT: 82728	\$20	<input type="checkbox"/>	T3, Free, CPT: 84481	\$20
<input type="checkbox"/>	Food Allergy Profile, CPT: 86003(x11)	\$100	<input type="checkbox"/>	T4, Free, CPT: 84439	\$20
<input type="checkbox"/>	FSH, CPT: 83001	\$20	<input type="checkbox"/>	Testosterone, Total, CPT: 84403	\$20
<input type="checkbox"/>	GGT, CPT: 82977	\$20	<input type="checkbox"/>	Free Testosterone, Measured, CPT: 84402	\$40
<input type="checkbox"/>	Glucose, CPT: 82947	\$10	<input type="checkbox"/>	TSH, CPT: 84443	\$20
<input type="checkbox"/>	Beta-HCG Qualitative, CPT: 84703	\$20	<input type="checkbox"/>	Uric Acid, CPT: 84550	\$10
<input type="checkbox"/>	Beta-HCG Quantitative, CPT: 84702	\$20	<input type="checkbox"/>	Urinalysis w/ Microscopic, CPT: 81001	\$20
<input type="checkbox"/>	HGB A1c, CPT: 83036	\$20	<input type="checkbox"/>	Urine Culture: 87086	\$30
<input type="checkbox"/>	Hepatic Function Panel, CPT: 80076	\$20	<input type="checkbox"/>	Urine Drug Screen, 9 Panel, CPT: 80307	\$40
<input type="checkbox"/>	Hepatitis A Ab, Total, CPT: 86708	\$30	<input type="checkbox"/>	Urine Microalbumin/ Creatinine Ratio, CPT: 82043, 82570	\$30
<input type="checkbox"/>	Hepatitis B, Surface Ab, CPT: 86706	\$20	<input type="checkbox"/>	Varicella Zoster, CPT: 86787	\$30
<input type="checkbox"/>	Hepatitis C Ab, CPT: 86803	\$30	<input type="checkbox"/>	Vitamin B6, CPT: 84207	\$50
<input type="checkbox"/>	Herpes Simplex 1, CPT: 86695	\$20	<input type="checkbox"/>	Vitamin B12/ Folate, CPT: 82607, 82746	\$20
<input type="checkbox"/>	Herpes Simplex 2, CPT: 86696	\$20	<input type="checkbox"/>	Vitamin D 25 Hydroxy, CPT: 82306	\$40
<input type="checkbox"/>	HIV-1,2 AG/AB Combo Assay , CPT: 87389	\$40	<input type="checkbox"/>	Zinc, RBC, CPT: 84630	\$30
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Pricing Available for other labs upon request.

Pricing is current as of April 2019 and is subject to change.

Name _____

First Middle Last

Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ Voicemail Ok? Yes No

Email Address _____

Do you have Medicare or Tricare? Yes No

I understand that Hector Family Medicine does not bill insurance, Medicare or Tricare and that I will be billed at time of service. Please Initial _____

Ordering Physician _____

Send Results to _____

Signature _____ Date: _____