

Below are examples of lab costs at Quest, yellow highlighted services are the most common:

ADRENOCORTICOTROPIC HORMONE (ACTH)	\$26.94
ASSAY of Thyroid	\$3.73
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	\$4.39
BLOOD COUNT; HEMATOCRIT (HCT)	\$1.34
BLOOD COUNT; HEMOGLOBIN (HGB)	\$1.34
CORTISOL; TOTAL	\$11.38
CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$5.64
CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	\$4.64
CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	\$4.67
Pap Smear	\$33.82
ELECTROLYTE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) POTASSIUM (84132) S	\$3.97
ESTROGENS; TOTAL	\$15.13
Ferritin	\$19.02
FOLIC ACID	\$9.76
GEN HEALTH PANEL THIS PANEL MUST INCL THE FOLLOWING: COMPREHENSIVE METABOLIC PANEL (80053) BLOOD COUNT, COMPLETE (CBC), AUTOMATED	\$20.25
GLUCOSE TEST	\$3.15
GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$2.69
GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	\$25.94
GONADOTROPIN; LUTEINIZING HORMONE (LH)	\$12.91
IMMUNOASSAY FOR ANALYTE OTHR THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE	\$16.10
IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	\$10.47
Iron	\$7.46
IRON BINDING CAPACITY	\$12.18
Lipid panel	\$7.71
MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$10.15
OBSTETRIC PANEL THIS PANEL MUST INCL THE FOLLOWING: BLOOD COUNT, COMPLETE (CBC), AUTOMATED & AUTOMATED DIFFERENTIAL WBC COUNT (850	\$28.38
PROLACTIN	\$13.52
SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT)	\$6.03
TB Test	\$43.24
TESTOSTERONE; FREE	\$17.77
TESTOSTERONE; TOTAL	\$18.01
THYROGLOBULIN ANTIBODY	\$11.10
THYROXINE; TOTAL	\$3.96
UREA NITROGEN; QUANTITATIVE	\$2.23
URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC	\$3.02
VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$60.98

If lab is billed with a preventive diagnosis and is considered a preventive lab service it will pay at 100%