

5001 Arctic Blvd.  
Suite 100  
Anchorage AK 99503  
Tel: 907.344.0017  
Fax: 907.344.0018



# ALASKA MEDICAL LAB SERVICES LLC

851 E. Westpoint Dr.  
Suite B6  
Wasilla, AK 99654  
Tel: 907.357.1017  
Fax: 907.357.1016

www.akmedlabs.com  
TAX ID: 90-1029915

FASTING

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ ORDERING PROVIDER: \_\_\_\_\_ DX CODES: \_\_\_\_\_

	LAB TEST	CPT	CASH PRICE
<input type="checkbox"/>	A1C	83036	\$35
<input type="checkbox"/>	ALT	84460	\$20
<input type="checkbox"/>	ANA	86038	\$60
<input type="checkbox"/>	ANTHITHRYO,AB	86800	\$80
<input type="checkbox"/>	AST	84450	\$20
<input type="checkbox"/>	BUN	84520	\$20
<input type="checkbox"/>	CBC/DIFF/PLT	85025	\$25
<input type="checkbox"/>	CREATININE	82540	\$20
<input type="checkbox"/>	CRP,CARDIAC	86141	\$50
<input type="checkbox"/>	CRP,QUANT	86140	\$50
<input type="checkbox"/>	DHEA	82626	\$100
<input type="checkbox"/>	DHEA-S	82627	\$100
<input type="checkbox"/>	ESR/SED RATE	85652	\$25
<input type="checkbox"/>	ESTRADIOL	82670	\$90
<input type="checkbox"/>	FERRITIN	82728	\$45
<input type="checkbox"/>	FIBRINOGEN	85384	\$70
<input type="checkbox"/>	FOLIC ACID	82746	\$50
<input type="checkbox"/>	FSH	83001	\$65
<input type="checkbox"/>	GGT	82977	\$20
<input type="checkbox"/>	GLUCOSE	82947	\$20
<input type="checkbox"/>	HCG,QUAL	84703	\$35
<input type="checkbox"/>	HCG,QUANT	84702	\$40
<input type="checkbox"/>	HEP B S AG	87340	\$50
<input type="checkbox"/>	HEP B SAB(IMMUNITY)	86706	\$50
<input type="checkbox"/>	HEP C AB	86803	\$60
<input type="checkbox"/>	HOMOCYSTEINE	83090	\$100
<input type="checkbox"/>	INSULIN	83525	\$50
<input type="checkbox"/>	IRON,TIBC INCLUDED	83550/40	\$50
<input type="checkbox"/>	IRON,NO TIBC	83540	\$35
<input type="checkbox"/>	LDH	83615	\$25
<input type="checkbox"/>	LH	83002	\$75
<input type="checkbox"/>	LIPOPROTEIN(a)	83695	\$70
<input type="checkbox"/>	LP-PLAC2	83698	\$85
<input type="checkbox"/>	MAGNESIUM	83735	\$45
<input type="checkbox"/>	MERCURY	83825	\$85
<input type="checkbox"/>	MICROALB/CREAT	82043/82570	\$55
<input type="checkbox"/>	MICROALBUMIN	82043	\$45
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>	CA-125	86304	\$100
<input type="checkbox"/>			
<input type="checkbox"/>	ABO/RH	86900/01	\$65
<input type="checkbox"/>	ESTROGENS,TOTAL	82672	\$100
<input type="checkbox"/>			
<input type="checkbox"/>	PROLACTIN	84146	\$75
<input type="checkbox"/>	ETG	80321	\$95

	LAB TEST	CPT	CASH PRICE
<input type="checkbox"/>	POTASSIUM	84132	\$20
<input type="checkbox"/>	PREGNENALONE	84140	\$85
<input type="checkbox"/>	PROGESTERONE	84144	\$65
<input type="checkbox"/>	PSA SCREEN	84153	\$65
<input type="checkbox"/>	PT/INR	85610	\$25
<input type="checkbox"/>	PTH,INTACT	83970	\$125
<input type="checkbox"/>	RA	86431	\$40
<input type="checkbox"/>	RBC,MAGNESIUM	83735	\$60
<input type="checkbox"/>	T3 FREE	84481	\$75
<input type="checkbox"/>	T3 REVERSE	84482	\$125
<input type="checkbox"/>	T3 TOTAL	84480	\$65
<input type="checkbox"/>	T3 UPTAKE	84479	\$30
<input type="checkbox"/>	T4 FREE	84439	\$55
<input type="checkbox"/>	T4 THYROXINE	84436	\$25
<input type="checkbox"/>	TESTOSTERONE, FREE	84402	\$125
<input type="checkbox"/>	TESTOSTERONE, TOTAL	84403	\$85
<input type="checkbox"/>	TPO AB	86376	\$65
<input type="checkbox"/>	TESTOSTERONE, F&T	84402/84403	\$210
<input type="checkbox"/>	TSH	84443	\$50
<input type="checkbox"/>	UA COMPLETE	81001	\$25
<input type="checkbox"/>	URC, COMPREHENSIVE	87086	\$50
<input type="checkbox"/>	URC, ROUTINE	87086	\$40
<input type="checkbox"/>	URIC ACID	84550	\$25
<input type="checkbox"/>	VITAMIN B12	82607	\$50
<input type="checkbox"/>			
<input type="checkbox"/>	VITAMIN B6	84207	\$125
<input type="checkbox"/>	VITAMIN C	82180	\$85
<input type="checkbox"/>	VITAMIN D25OH	82306	\$75
<input type="checkbox"/>	BMP	80048	\$25
<input type="checkbox"/>	CMP	80053	\$40
<input type="checkbox"/>	ELECTROLYTES	80051	\$30
<input type="checkbox"/>	HEPATIC FUNCTIONS	80076	\$35
<input type="checkbox"/>	LIPID PANEL	80061	\$40
<input type="checkbox"/>	RENAL FUNCTIONS	80069	\$35
<input type="checkbox"/>	<i>HEALTH FAIR SPECIAL</i>	80053,85025,	
<input type="checkbox"/>	CBC, CMP, LIPIDS	80061	\$105
<input type="checkbox"/>	BASIC FOOD ALLERGY	86003(x9)05	\$220
<input type="checkbox"/>	ALLETSS 184 IgG FOOD		\$275
<input type="checkbox"/>	MTHFR	81291	\$275
<input type="checkbox"/>	Processing with Draw kit		\$40
<input type="checkbox"/>	HIV 1/2 ANTIGEN AB	87389	\$60
<input type="checkbox"/>	MASK CHARGE	N/A	\$1.00

DRAW FEE (CPT 36415)	\$20
TOTAL	
CIRCLE Type of Payment: CC DBT Cash	
Check# _____	