



1125 West Jefferson Street  
Franklin, IN 46131

## DIRECT ACCESS TEST CHARGE FORM

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | ABO/Rh   | \$30  |
| <input type="checkbox"/> | Basic Metabolic Profile  | \$30  |
| <input type="checkbox"/> | Blood Count (CBC)  | \$25  |
| <input type="checkbox"/> | Cholesterol  | \$15  |
| <input type="checkbox"/> | Complete Metabolic Profile   | \$30  |
| <input type="checkbox"/> | Glucose  | \$15  |
| <input type="checkbox"/> | Pregnancy (blood or urine)   | \$30  |
| <input type="checkbox"/> | Hemoglobin A1C   | \$35  |
| <input type="checkbox"/> | Hepatic Panel  | \$30  |
| <input type="checkbox"/> | Influenza Screen   | \$50  |
| <input type="checkbox"/> | Lipid Profile  | \$35  |
| <input type="checkbox"/> | Mono Screen  | \$30  |
| <input type="checkbox"/> | PSA  | \$45  |
| <input type="checkbox"/> | Strep Screen   | \$30  |
| <input type="checkbox"/> | Testosterone   | \$30  |
| <input type="checkbox"/> | Triglycerides  | \$15  |
| <input type="checkbox"/> | TSH  | \$45  |
| <input type="checkbox"/> | Urinalysis   | \$20  |
| <input type="checkbox"/> | Urine Drug Screen  | \$30  |
| <input type="checkbox"/> | Vitamin B12  | \$30  |
| <input type="checkbox"/> | Vitamin D 25Hydroxy  | \$30  |
| <br>                     |  |       |
| <input type="checkbox"/> | Women's Health Profile   | \$155 |
|                          | <i>Includes Basic Metabolic Profile, Lipid Profile, TSH, Blood Count &amp; urinalysis</i>  |       |
| <br>                     |  |       |
| <input type="checkbox"/> | Men's Health Profile   | \$160 |
|                          | <i>Includes Basic Metabolic Profile, Lipid Profile, Blood Count, PSA, &amp; urinalysis</i> |       |
| <br>                     |  |       |
| <input type="checkbox"/> | Venipuncture   | \$5   |
|                          | <i>Added to all blood samples</i>  |       |

Total Charges: \_\_\_\_\_

**Please present this form to the cashier for payment prior to service.**

**You must obtain a receipt of payment and present to the  
Laboratory at the time of service.**