



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 |
| <input type="checkbox"/> | Women's Health Profile | \$150 |
| | <i>Includes Basic Metabolic Profile, Lipid Profile, TSH, Blood Count & urinalysis</i> | |
| <input type="checkbox"/> | Men's Health Profile | \$150 |
| | <i>Includes Basic Metabolic Profile, Lipid Profile, Blood Count, PSA, & urinalysis</i> | |
| <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.**