

Medina OB/GYN Associates

Laboratory and Radiology Testing Notice

Medina OB/GYN Associates will only recommend laboratory or radiology tests that your provider feels is necessary. Since we do not have access to the contract between your insurance company and either the laboratory or imaging center we can only estimate the cost of the test. Each individual insurance company has its own rules in regards to the amount that the patient is responsible for paying for each test. **Medina OB/GYN Associates will not be responsible for any costs that the patient may have as a result of recommended testing.** It is the patient's responsibility to ask for an estimate of the cost of the test PRIOR to the test being performed. If the patient has any concern regarding the cost of the test they may ask the test not be performed and then check with their insurance company as to how much they will be responsible for. They will be charged another co-pay if they have to return for another office visit. If the patient has a deductible or co-insurance often they will be responsible for a portion or the entire charge.

The following is a sample of estimated charges. Once again these are only estimates and your actual charge may be significantly different. The numbers reflect estimated contracted rates (allowable fees) not the actual amount charged.

Obstetrical

Quantitative B-HCG	\$100-150
Blood Type and Screen	\$60-90
Standard Prenatal Panel	\$280-600
Urinalysis	\$25-50
Urine Culture	\$50-100
12 Week Down's Screening	\$100-250
Tri-Screen 16(Weeks)	\$350-500
Ultrasound Obstetrical	\$100-350
1 Hr. Glucose Test	\$60-100
CMV Panel	\$225-350
Parvovirus Panel	\$225-350
Thrombophilia Panel	\$1000+
Hepatic Profile	\$40-80
Uric Acid	\$35-75

GYN Ultrasound	\$100-450
Mammogram	\$100-250
DEXA Bone Scan	\$150-300

Gynecological

Pap Test	\$100-200
Pap Test with HPV	\$300-500
Genital /Yeast Culture Std	\$100
Multi-Organism Vaginal Cx	\$200-970
Gonorrhea / Chlamydia Cx	\$130-250
CA-125	\$140-250
Metabolic Panel	\$40-100
Complete Blood Count (CBC)	\$30-100
FSH	\$100-150
LH	\$100-150
Prolactin	\$125-175
TSH	\$90-140
Thyroid Panel	\$150-250
von Willebrand Profile	\$600-750

If the test that was ordered is not shown, please feel free to ask prior to being performed.

I have read the above and fully understand that I may be responsible for the entire amount of the laboratory or radiology charge.

Name: _____ Date: _____