

Sherman County Health Department

Patient Name _____ DOB _____ Female Male Phone _____

Address _____ City _____ State _____ Zip Code _____

I acknowledge that I have been provided SCHD's Notice of Privacy Practices with the effective date of August 30, 2013.

(Initial) _____

I give permission for Sherman County Health Department to provide services and/or treatment for myself or my child and I understand that I am financially responsible for all services rendered today.

(Signature) (Relationship to patient) Date _____

Test	Service	Charge	Amount
	Blood draw fee	\$15.00	
Most common labs drawn			
10165	BMP *	\$6.00	
6399	CBC (Diff/Plt)	\$7.00	
10231	CMP (has glucose) *	\$8.00	
496	Hemoglobin A1C	\$10.00	
7600	Lipid	\$12.00	
36970	TB Gold - Quantiferon	\$65.00	
Thyroid			
899	TSH	\$10.00	
34429	T-3, Free (Dx Hyper)	\$23.00	
859	T-3, Total (Mt Hyper)	\$16.00	
866	T-4, Free	\$13.00	
867	T-4, Total (Thyroxine)	\$8.00	
36577	TSH Antibody	\$43.00	
90963	Reverse T-3	\$50.00	
Female Hormones			
29256	CA125	\$33.00	
4021	Estradiol	\$25.00	
466	Folate, Serum	\$15.00	
470	FSH	\$17.00	
615	LH	\$15.00	
7137	FSH & LH	\$29.00	
8435	Pregnancy QL (Y/N)	\$11.00	
8396	Pregnancy QT (#)	\$19.00	
745	Progesterone	\$20.00	
746	Prolactin	\$28.00	
15983	Female Testosterone	\$26.00	
Male Hormones			
5363	PSA Screen	\$14.00	
31348	PSA, Free & Total	\$41.00	
873	Testosterone Total	\$14.00	
36170	Testosterone Free/Tot	\$44.00	
Vaccine Confirmation Tests			
8475	Hep B Titer	\$80.00	
964	Measles Titer	\$17.00	
8624	Mumps Titer	\$23.00	
802	Rubella Titer	\$9.00	
4439	Varicella Titer	\$27.00	

Test	Service	Charge	Amount
STD Testing			
11363	Chlamydia/Gonorrhoeae	\$35.00	
91431	HIV Antibody	\$23.00	
36126	RPR (Syphilis)	\$7.00	
Misc Labs			
10547	ANA Screen	\$25.00	
249	ANA w/ Reflex	\$25.00	
287	Billrubin, Total	\$6.00	
37386	BNP (B. Natriuretic Peptide)	\$55.00	
303	Calcium	\$6.00	
10124	Cardio IQ hs-CRP	\$17.00	
19955	Cellac Disease Comp	\$72.00	
372	C-Peptide *	\$22.00	
4420	C-Reactive Protein	\$11.00	
374	CPK (for MI)	\$9.00	
367	Cortisol total	\$18.00	
418	Digoxin	\$24.00	
809	ESR (Sed-rate West/Mod)	\$7.00	
10256	Hepatic Panel (Liver)	\$6.00	
561	Insulin, fasting *	\$14.00	
7573	Iron, Total & IBC	\$10.00	
622	Magnesium	\$8.00	
6517	Microalb/Creat (Urine)	\$31.00	
8847	PT/INR	\$7.00	
763	PTT	\$9.00	
793	Ret Count	\$9.00	
4418	Rheumatoid Factor	\$10.00	
7909	UA, Micro	\$6.00	
3020	UA, complete with reflex to culture	\$9.00	
395	UA, Routine Culture	\$10.00	
905	Uric Acid	\$8.00	
916	Valproic Acid	\$27.00	
927	Vitamin B12	\$15.00	
17306	Vitamin D *	\$40.00	
7788	ABO Group & Rh Type	\$9.00	

Effective 12/16/2022

* Fasting labs

** Additional cost may apply

Total _____