



## Patient Price Information List

In compliance with state law, Thomas Health is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of February 1, 2021.

For questions please call our billing department at 304.766.5615

## Laboratory

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The following charges reflect the most common services offered by our lab department. Patients may have additional charges, depending on the services performed.

### Basic Metabolic Panel - BMP (80048)

Self-Pay	Blue Cross Blue Shield	Medicare
\$29.75	\$34.17	\$8.46

### CBC with Auto Diff (85025)

Self-Pay	Blue Cross Blue Shield	Medicare
\$25.20	\$31.38	\$7.77

### Comprehensive Metabolic Panel - CMP (80053)

Self-Pay	Blue Cross Blue Shield	Medicare
\$37.28	\$41.41	\$10.56

### C-Reactive Protein (86140)

Self-Pay	Blue Cross Blue Shield	Medicare
\$18.55	\$20.92	\$12.00

### Hemoglobin A1C (83036)

Self-Pay	Blue Cross Blue Shield	Medicare
\$14.00	\$39.22	\$9.71

**LDL Cholesterol DM (83271)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$33.60	\$42.41	\$10.50

**Lipid Panel (80061)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$47.25	\$54.09	\$13.39

**Microalbumin Urine (82043)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$18.90	\$22.67	\$5.78

**Prostate Specific Antigen Diagnostic - PSA (84153)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$59.68	\$74.72	\$18.39

**Prothrombin Time - PT/INR (85610)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$12.78	\$17.32	\$4.29

**T4 | Free Thyrox (84439)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$29.23	\$36.43	\$9.02

**TSH (84443)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$54.43	\$67.86	\$16.80

**Vitamin B12 Blood Test (82607)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$53.03	\$60.90	\$15.08

**Vitamin D, 25 Hydroxy (82306)**

Self-Pay	Blue Cross Blue Shield	Medicare
\$103.95	\$116.07	\$29.60