

		BOZEMAN HEALTH LABORATORY SERVICES		
		<b>LABS on DEMAND</b>		
<b>Outpatient Services Lab (OP53)</b> Bozeman Health Deaconess Hospital Highland Park 3, 2 <sup>nd</sup> Flr 7:30am – 4:00pm Mon- Fri	<b>Outpatient Services Lab (MOB5)</b> Bozeman Health Deaconess Hospital Highland Park 5, 1 <sup>st</sup> Flr 7:00am-4:00pm Mon- Fri; Sat 8a-Noon	<b>Bozeman Health N19th Lab</b> 120 N 19 <sup>th</sup> Avenue Bozeman, MT 7:00am - 3:30pm Mon-Fri	<b>Bozeman Health Belgrade Lab</b> 206 Alaska Frontage Rd. Belgrade, MT 7:30 am – 5:00 pm Mon-Fri	<b>Bozeman Health Big Sky Medical Center Lab</b> 334 Town Center Avenue Big Sky, MT 8:00 am – 7:00 pm 7 days/wk

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email (optional) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F O

**These tests cannot be added on to any other blood work.**

- Patient will pick up results.  
 Results will be mailed to patient.

**LABS ON DEMAND: [Submitter ID#: 1230150]**

**Registrar:** Do not register patient. Collect payment. Post payment to **E500003834**.

**Laboratory:** Enter orders via REQ ENTRY using **Submitter ID 1230150, Labs On Demand**

**Patient:** Results will have to be picked up at Lab, HIM or mailed. Results will NOT go to your electronic medical record or My Chart

TEST CODE	TEST NAME	PRICE
LAB293	CBC with differential	\$13.00
LAB17	Comprehensive Metabolic Panel	\$16.00
LAB144	HCG, Qualitative (Serum)	\$16.00
LAB90	Hemoglobin A1C	\$23.00
LAB472	Hep B Surface Antibody (Immune Status)	\$27.00
LAB829	Iron Panel	\$13.00
LAB18	Lipid Panel w/ cholesterol	\$20.00
LAB20	Liver Function Panel (Hepatic)	\$13.00
LAB1230015	Measles, Mumps, Rubella Panel (Immune Status)	\$92.00
LAB482	Mono Test	\$13.00
LAB529	Progesterone	\$48.00
LAB116	PSA, Total	\$27.00

TEST CODE	TEST NAME	PRICE
LAB10092	QuantiFERON (TB) [Note: This is the QuantiFERON Gold Plus method]	\$145.00
LAB496	Rubella IgG Screen (Test for Immune Status)	\$19.00
LAB10029	SARS-CoV-2, NAD	\$184.00
LAB127	T4 Free	\$17.00
LAB124	Testosterone	\$53.00
LAB129	TSH	\$25.00
LAB4000	Urine dipstick only	\$19.00
LAB162	Varicella Zoster IgG (Test for Immune Status)	\$43.00
LAB67	Vitamin B12	\$33.00
LAB535	Vitamin D, Total (25-OH, Total)	\$32.00
	Lab Fee Schedule 1132	

**LOD Collections & Handling Charges: Client Name/Guarantor: LABS ON DEMAND [Client ID#: 1040]**

**Registrar:** Register patient, place on lab schedule, in comments and collect payment. Post payment to **E500003834**.

**Laboratory:** Order Test below via Req Entry

TEST CODE	SERVICE NAME	PRICE
LAB2500	Urine Drug Collection (Corporate) (Enter company name comments.)	\$65.00
LAB2502	EZ cup Urine Drug Screen (Enter company name comments.)	\$130.00
LAB2504	Urine Drug Collection-Bozeman Health MRO (Enter company name comments.)	\$96.00
LAB2510	Breath Alcohol (enter company name in comments)	\$51.00

TEST CODE	SERVICE NAME	PRICE
LAB2508	Kit Draw 36415	\$26.00
LAB2509	Handling and Shipping Charge 99001	\$56.00
LAB2507	Handling Charge 99001	\$26.00

Payment Received: \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_

I hereby authorize **Bozeman Health Deaconess Services** to complete the tests I have requested. I understand that I'm responsible for following up on my lab test results. Must be at least 18 years of age or legally emancipated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_