

		BOZEMAN HEALTH LABORATORY SERVICES		
		LABS on DEMAND		
Outpatient Services Lab (OPS3) Bozeman Health Deaconess Hospital Highland Park 3, 2 nd Flr 7:30am – 4:00pm Mon- Fri	Outpatient Services Lab (MOB5) Bozeman Health Deaconess Hospital Highland Park 5, 1 st Flr 7:00am-5:30pm Mon- Fri; Sat 8a-Noon	Bozeman Health N19th Lab 120 N 19 th Avenue Bozeman, MT 7:00am - 3:30pm Mon-Fri	Bozeman Health Belgrade Lab 206 Alaska Frontage Rd. Belgrade, MT 7:30 am – 5:00 pm Mon-Fri	Bozeman Health Big Sky Medical Center Lab 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 **E50003834**.

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, EPIC, or My Chart

TEST CODE	TEST NAME	PRICE
LAB293	CBC with differential	\$13.00
LAB17	Comprehensive Metabolic Panel	\$16.00
LAB12309	HCG, Qualitative (Urine)	\$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
LAB2508	Kit Draw 36415	\$26.00
LAB2507	Handling Charge 99001	\$26.00
	Lab Fee Schedule 1132	

Drug Collections & Handling Charges:

If patient company has Client Account built in Epic: Registrar: Do not register patient. Do not Collect Payment **Laboratory:** Order Test below via Req Entry. Submitter is the Client account.

If no Client Account is built: Registrar: Do not register patient. Collect payment. Post payment to E50003834 **Laboratory:** Order Test below via Req Entry. Submitter is Labs on Demand.

TEST CODE	SERVICE NAME	PRICE
LAB2500	Urine Drug Collection (Company has own COC forms) (Enter company name comments.)	\$65.00
LAB2502	EZ cup Urine Drug Screen non-chain of custody (Reflex if requested)	\$130.00
LAB2504	Urine Drug Collection-Bozeman Health MRO (Enter company name comments.)	\$96.00

TEST CODE	SERVICE NAME	PRICE
LAB2510	Breath Alcohol (Enter company name in comments)	\$51.00
LAB2509	Kit Handling and Shipping 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 _____