



Uninsured Patient Price List

The Uninsured Patient Pricing (UPP) program offers uninsured patients discounts averaging between 40-50% on over 3,000 tests offered through Quest Diagnostics. This list contains pricing for our most popular tests.

This UPP Price List is effective for Solstas® Lab Partners a Quest Diagnostics Company.**

Test Name	UPP Price	Test Name	UPP Price
7499 ABO RH	\$ 34.00	70120 CULTURE-GROUP B STREP	\$ 94.00
** 22940 ACUTE HEPATITIS PNL	\$194.00	70010 CULTURE-URINE	\$ 25.00
23120 ALT/SGPT	\$ 12.83	70190 CULTURE-WOUND	\$ 49.09
23210 AMYLASE	\$ 15.00	82255 CYCLIC CITRU PEP AB IGG	\$ 53.00
** 23900 ANTI NUCLEAR AB REFLEX	\$ 33.00	81033 DIRECT LDL	\$ 19.00
** 75020 ANTIBODY SCREEN REFLEX	\$ 20.00	77000 DRUG SCREEN- URINE	\$208.00
55185 B NATRIURETIC PEPTIDE	\$ 72.00	** 22920 ELECTROLYTE PANEL	\$ 14.66
23080 BILIRUBIN-DIRECT	\$ 12.83	23660 ESTRADIOL-SERUM	\$ 80.00
22910 BMP	\$ 17.60	70617 FECAL OCCULT BLOOD	\$ 45.00
2404 BMP WITH GFR	\$ 17.60	23350 FERRITIN	\$ 22.00
23050 BUN	\$ 12.83	23340 FOLATE	\$ 25.00
97510 C.TRACHOMATIS/N GONORRHOE	\$101.00	23670 FSH	\$ 32.00
10000 CBC NO DIFF(COMP BLD CNT)	\$ 13.95	23130 GAMMA GT	\$ 18.00
10010 CBC/DIFF	\$ 14.00	23040 GLUCOSE	\$ 12.83
23770 CEA	\$ 49.00	70650 GROUP A STREP PROBE	\$ 70.00
23220 CHOLESTEROL-TOTAL	\$ 13.00	23897 HCG QUANT	\$ 55.00
22900 CMP	\$ 21.99	23240 HDL CHOLESTEROL	\$ 21.00
2402 CMP WITH GFR	\$ 21.99	10025 HEMATOCRIT	\$ 13.75
** 23635 CP HIV-1/2 AB DIF W-RFLX	\$ 42.00	10020 HEMOGLOBIN	\$ 13.75
23250 CREATINE KINASE TOTAL	\$ 22.00	23375 HEMOGLOBIN A1C	\$ 29.00
23060 CREATININE	\$ 12.83	8001335 HEMOGLOBIN A1C	\$ 29.00
23860 CRP (C REACTIVE PROTEIN)	\$ 29.00	23590 HEP B SURFACE AB	\$ 21.00
85710 CRP-HIGH SENSITIVITY	\$ 35.00	23610 HEPATITIS A ANTIBODY IGM	\$ 50.00
59930 CT-GC APTIMA	\$101.00	23580 HEPATITIS B CORE AB IGM	\$ 55.00
70060 CULTURE GROUP A	\$ 27.00	23650 HEPATITIS B SURF AB-QNT	\$ 39.00
70200 CULTURE-ABCESS	\$ 57.50	** 23560 HEPATITIS B SURFACE AG	\$ 33.00
70130 CULTURE-GENITAL	\$ 28.00	23620 HEPATITIS C ANTIBODY	\$ 56.00

**If a reflex test is performed an additional fee will be charged.

Terms and Conditions

1. This program is only available to the uninsured. It does not apply to non-covered services for insured patients or for co-pay or deductible charges.
2. Patient must be receiving discounted healthcare services from the physician or medical professional ordering test.
3. Discounts apply to lab work performed by Quest Diagnostics labs only.
4. Quest Diagnostics reserves the right to cancel or modify this program and special pricing at any time without notice.
5. Not all tests are performed at all Quest Diagnostics locations.

**This UPP Price List is effective for Solstas® Lab Partners a Quest Diagnostics Company.



Uninsured Patient Price List

This UPP Price List is effective for Solstas® Lab Partners a Quest Diagnostics Company.**

Test Name	UPP Price	Test Name	UPP Price
** 23630 HIV 1/2 AG/AB 4 GEN W RFX	\$ 42.00	23950 RPR TITER	\$ 11.00
55260 HOMOCYSTEINE	\$ 90.00	23970 RUBELLA	\$ 25.00
86523 HPV HIGH RISK	\$ 59.00	97088 SED RATE AUTO	\$ 15.00
23310 IRON	\$ 18.00	23110 SGOT/AST	\$ 12.83
2390 IRON/TIBC	\$ 34.92	8001176 SURG PATH LV 4	\$107.48
23190 LDH	\$ 20.00	85320 T3 FREE	\$ 88.00
83780 LEAD- WHOLE BLOOD	\$ 38.00	23270 T3 UPTAKE	\$ 18.00
23680 LH	\$ 32.00	23290 T3-TOTAL	\$ 50.00
23215 LIPASE	\$ 23.00	23265 T4	\$ 18.00
22930 LIPID PANEL	\$ 51.00	23300 T4- FREE	\$ 32.00
** 22960 LIVER PANEL	\$ 16.86	3699 TESTOSTERONE- TOT & FREE	\$ 99.00
23200 MAGNESIUM	\$ 20.00	23710 TESTOSTERONE TOTAL MALES	\$ 45.00
24065 MICROALBUMIN	\$ 29.00	3230 TESTOSTERONE-F&T/SHBG	\$196.00
6100 MICROALBUMIN/CREATININE	\$ 51.00	2515 THYROID PANEL WITH TSH	\$ 62.00
70340 OVA &PARASITES-STOOL	\$106.00	55230 THYROID PEROXIDASE AB	\$ 41.00
97272 PARATHYROID INTACT W CAL	\$ 94.00	23140 TOTAL PROTEIN	\$ 12.83
23170 PHOSPHORUS	\$ 12.83	23230 TRIGLYCERIDE	\$ 17.00
23010 POTASSIUM	\$ 12.83	23280 TSH-THYROID STIM HORMONE	\$ 26.00
23690 PROGESTERONE	\$ 32.00	** 65001 UA W MICRO RFLX CULTURE	\$ 12.00
23700 PROLACTIN	\$ 29.00	65002 UA-BIOCHEM ONLY	\$ 5.52
24246 PROTEIN CREATININE RATIO	\$ 42.00	23180 URIC ACID	\$ 15.00
59553 PROTEIN ELECTROPHORESIS	\$ 47.00	** 65000 URINALYSIS RFLX MICROSCOP	\$ 5.52
22000 PROTHROMBIN TIME	\$ 12.00	6001 URINALYSIS-COMPLETE	\$ 12.00
23780 PSA	\$ 58.00	23520 VALPROIC ACID (DEPAKENE)	\$ 41.00
22010 PTT-PARTIAL THROMBO TIME	\$ 19.00	23933 VARICELLA ZOSTER AB-IGG	\$ 47.00
2406 RENAL PROFILE WITH GFR	\$ 19.06	23330 VITAMIN B12	\$ 27.00
23890 RHEUMATOID FACTOR RF	\$ 23.00	85810 VITAMIN D-25 HYDROXY	\$ 65.00
** 23940 RPR RFX TO TITER AND CONF	\$ 11.00		

**If a reflex test is performed an additional fee will be charged.

Terms and Conditions

1. This program is only available to the uninsured. It does not apply to non-covered services for insured patients or for co-pay or deductible charges.
2. Patient must be receiving discounted healthcare services from the physician or medical professional ordering test.
3. Discounts apply to lab work performed by Quest Diagnostics labs only.
4. Quest Diagnostics reserves the right to cancel or modify this program and special pricing at any time without notice.
5. Not all tests are performed at all Quest Diagnostics locations.

**This UPP Price List is effective for Solstas® Lab Partners a Quest Diagnostics Company.