

<b>CPT</b>	<b>Procedure Description</b>	<b>Prompt Pay Price <sup>(1)</sup></b>
36415	Routine venipuncture	\$29
85025	Complete cbc w/auto diff wbc	\$141
80048	Metabolic panel total ca	\$190
80053	Comprehen metabolic panel	\$291
85027	Complete cbc automated	\$101
83735	Assay of magnesium	\$140
84484	Assay of troponin quant	\$202
85610	Prothrombin time	\$95
81001	Urinalysis auto w/scope	\$67
84100	Assay of phosphorus	\$100
85730	Thromboplastin time partial	\$108
82248	Bilirubin direct	\$110
87040	Blood culture for bacteria	\$420
83690	Assay of lipase	\$139
84132	Assay of serum potassium	\$113
88305	Tissue exam by pathologist	\$271
87086	Urine culture/colony count	\$95
86901	Blood typing serologic rh(d)	\$88
86900	Blood typing serologic abo	\$142
86850	Rbc antibody screen	\$225
88185	Flowcytometry/tc add-on	\$120
82330	Assay of calcium	\$194
87149	Dna/rna direct probe	\$64
87205	Smear gram stain	\$121
83036	Glycosylated hemoglobin test	\$84
85018	Hemoglobin	\$52
83880	Assay of natriuretic peptide	\$192
85014	Hematocrit	\$49
80069	Renal function panel	\$209
84443	Assay thyroid stim hormone	\$188
85007	Bl smear w/diff wbc count	\$66
84145	Procalcitonin (pct)	\$154
88341	Immunohisto antb addl slide	\$187
82550	Assay of ck (cpk)	\$127
87077	Culture aerobic identify	\$68
81025	Urine pregnancy test	\$149
80306	Drug test prsmv instrmnt	\$208
87070	Culture othr specimn aerobic	\$257
87186	Microbe susceptible mic	\$224
85379	Fibrin degradation quant	\$211
86920	Compatibility test spin	\$220
84520	Assay of urea nitrogen	\$89
80051	Electrolyte panel	\$150
84295	Assay of serum sodium	\$99

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
P9016	Rbc leukocytes reduced	\$420
84703	Chorionic gonadotropin assay	\$259
80061	Lipid panel	\$213
80320	Drug screen quantalcohols	\$136
86635	Coccidioides antibody	\$103

*The above prices are for laboratory procedures performed at HonorHealth facilities and do not include physicians' fees. Please contact your physicians' office and health insurance provider directly for price information.*

<sup>(1)</sup> Prompt Pay Price is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.

**Deer Valley Medical Center**

19829 N.27th Ave.  
Phoenix, AZ 85027  
(623) 879-6100

**John C. Lincoln Medical Center**

250 E. Dunlap Ave.  
Phoenix, AZ 85020  
(602) 943-2381

**Scottsdale Osborn Medical Center**

7400 E. Osborn Rd.  
Scottsdale, AZ 85251  
(480) 882-4000

**Scottsdale Shea Medical Center**

9003 E. Shea Blvd.  
Scottsdale, AZ 85260  
(480) 323-3000

**Scottsdale Thompson Peak Medical Center**

7400 E. Thompson Peak Pkwy.  
Scottsdale, AZ 85255  
(480) 324-7000

**Sonoran Crossing Medical Center**

33400 N. 32nd Ave.  
Phoenix, AZ 85085  
(623) 683-5000

**Florence Medical Center**

4545 N. Hunt Hwy.  
Florence, AZ 85132  
(520) 868-3333

**Tempe Medical Center**

1500 S. Mill Ave.  
Tempe, AZ 85281  
(480) 784-5500

**Mountain Vista Medical Center**

1301 S. Crismon Rd.  
Mesa, AZ 85208  
(480) 358-6100