



**Patient Price Information List**

**January 1, 2026**

Laboratory Procedures

<b>PROCEDURE DESCRIPTION</b>	<b>CPT/HCPCS</b>	<b>PRICE *</b>
<b>LABORATORY TESTS</b>		
ARTERIAL BLOOD GASES	82803 *	\$249.00
CREATININE BLOOD	82565 *	\$56.00
GLUCOSE RANDOM	82947 *	\$68.00
HBA1C-GLYCOHEMOGLOBIN	83036 *	\$278.00
MAGNESIUM SERUM	83735 *	\$151.00
PHOSPHORUS SERUM	84100 *	\$88.00
ELECTROLYTE PANEL	80051 *	\$155.00
BASIC METABOLIC PANEL	80048 *	\$201.00
COMPREHENSIVE METABOLIC PANEL	80053 *	\$278.00
HEPATIC/LIVER FUNCTION PANEL	80076 *	\$216.00
LIPID PROFILE PANEL	80061 *	\$250.00
RENAL PANEL	80069 *	\$216.00
CPK /CREATINE PHOSPHOKINASE	82550 *	\$127.00
CPK ISOENZYMES	82552 *	\$190.00
TROPONIN I	84484 *	\$230.00
TSH (THYROID STIMULAT HORMONE)	84443 *	\$188.00
<b>COVID TESTING</b>		
COVID-19 NON-CDC LABCORP (send-out)	U0002 **	\$51.31
COVID-19 NON-CDC DIATHERIX (send-out)	U0002 **	\$150.00
COVID-19 NON-CDC (KHN in-house)	U0002 **	\$206.00
COVID-19 ANTIBODY (KHN in-house)	86328 **	\$182.00
<b>BLOOD COUNTS</b>		
CBC /COMPLETE BLOOD COUNT	85025 *	\$115.00
HEMATOCRIT	85014 *	\$40.00
HEMOGLOBIN	85018 *	\$40.00
PROTHROMBIN TIME	85610 *	\$89.00
PTT /PARTIAL THROMBOPLAST TIM	85730 *	\$178.00
<b>URINALYSIS</b>		
URINALYSIS ROUTINE W/O MICRO	81003	\$48.00
URINALYSIS ROUTINE WITH MICRO	81001	\$66.00
<b>MICROBIOLOGY</b>		
CULTURE BLOOD	87040	\$372.00
CULTURE, URINE WITH COLONY	87086	\$172.00
GRAM STAIN WITH CULTURE	87205	\$177.00
<b>BLOOD</b>		
ABO BLOOD GROUP	86900	\$197.00
ATYPICAL ANTIBODY SCREEN	86850	\$293.00
RHO D TYPE	86901	\$226.00
* BLOOD DRAWING VENIPUNCTURE may also be charged once/day	36415	\$37.00

**\* Self-Pay Discount (Not Billing Insurance) has to be requested at time of scheduling**

**\* Self-Pay Patients receive a Discount of 60%.**

**Please note: The prices listed are at our standard rate for each line item charge.**

**If you have insurance, including Medicare or Medicaid plans,** the amount you pay out of pocket will be lower depending on your insurance plan's contracted rate, your specific benefit plan, and which hospital you choose.

For specific program information, please contact one of our Financial Counselors at 937-914-7680 (except for Fort Hamilton Hospital 513-867-4178)

- Kettering Health Dayton
- Kettering Health Main Campus
- Kettering Health Miamisburg
- Kettering Health Washington Township
- Kettering Health Greene Memorial Xenia Health Center
- Kettering Health Hamilton
- Soin Medical Center
- Kettering Health Springfield Health Center
- Kettering Health Troy

**\*\* These Prices Apply to the Hospitals Listed Above \*\***