



**REBEL MED
NORTHWEST**

5401 Leary Ave NW, STE 202 | Seattle, WA 98107

Phone: 206-297-6013 | Fax: 206-582-3472

Email: info@rebelmednw.com | Website: www.rebelmednw.com

Laboratory Non-Covered Services Agreement

Laboratory Supporting Services to Office Visits

~~All processing fees Waived with Concierge Membership Plans~~

Lab Processing Fee

This aids in the cost of equipment, time for processing, and drop-off/pick-up of specimen collections. Applicable to all primary care and specialty blood draw services, as external locations are also charging fee for service.

LabCorp and Quest (Blood Draw Processing Fee)	\$25
US Biotek / Genova (applies to Urine/Blood processing specimens for Draw and Processing)	\$50
Non Rebel Med NW Patient (referred from outside clinic/office Blood Draw/processing)	\$75

Interpretation Lab Fee

Applicable to Diagnostic Solutions Laboratory (GI-MAP), DUTCH, and Genova labs to aid in the clinical education and research performed prior to the office visit, which the return office visit is still subject to insurance coverage (towards a copay or deductible). Providers spend minimum 30 minutes (upwards to 90 minutes) to aid in the review, assessment, treatment curation, and discussion with any other provider prior to review with the individual. This fee is separate from any follow up visit with the provider to review the lab results.

\$50
\$100

Income Based Adjustment, applicable for those who are eligible and meet the criteria for our sliding scale regarding interpretation lab fee. For more information, please ask our front desk for the documentation that is required for our office. **\$50**

Specialty Lab Non-Covered Services Agreement

Functional laboratory testing is a great tool to utilize as part of an individual's evaluation and assessment to aid in the curation of treatment protocols.

Center for SIBO Testing

Center for SIBO Testing offers a lactulose breath test to aid in the diagnosis of SIBO. This is through a specific breath test that involves the collection of breath sample over a 2-hr period \$ _____

Diagnostic Solutions Laboratory

Diagnostic Solutions Laboratory (DSL) offers services for serum and stool testing. At this time, the providers are exclusively utilizing GI-MAP (stool collection) to aid in the evaluation and assessment for digestive concerns. \$ _____

DUTCH Testing

DUTCH testing utilizes urine specimens to assess hormones for a further evaluation and assessment to aid in treatment curation. \$ _____

Genova

Genova testing utilizes a variety of specimen collections for a further evaluation and assessment to aid in treatment curation. \$ _____



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Great Plains Laboratory

Great Plains Laboratory (GPL) testing utilizes a variety of specimen collections for a further evaluation and assessment to aid in treatment curation

\$ _____

US Biotek

US Biotek specializes in food sensitivity and allergy testing (IgA, IgE, and IgG), Candida panel, Celiac panel, Organic Acid Testing (OAT), Aeroallergens, and Environmental Pollutant testing.

\$ _____

Vibrant Labs

Vibrant Specializes in advanced lab micro assays for peptide food intolerances, infectious diseases/co-infections such as Lyme Disease, EBV, or other pathogens, advanced microbiome assessments

\$ _____

Miscellaneous

Test Name:
 Company:

\$ _____

Common Quest Direct Pricing Labs

CBC	\$10	GC / CT	\$60	TSH	\$15	Progesterone	\$45
CMP	\$10	RPR(syph)	\$12	Free T4	\$20	Estradiol	\$35
Lipid Panel	\$22	HIV Gen4	\$35	Free T3	\$35	Prolactin	\$25
HgA1C	\$22	Vitamin D	\$43	TPO-AB	\$35	Test. Fr + Tot	\$50
hsCRP	\$30	GGT	\$43	ThyGlob-AB	\$38	Uric Acid	\$10
Ferritin	\$25	Folate	\$35	ANA Screen	\$30	Prostate Tot	\$25
Magnesium	\$13	Vitamin B12	\$22	Aplipo A	\$35	Microalbumin	\$30
OmegaCheck	\$70	Iron/TIBC/Tot	\$20	Apolipo B	\$35	Urine Culture	\$25

Combo Lab Packages:

Rebel Med Comprehensive/Functional	CBC, CMP, Lipid, hsCRP, Omega, VitD, TSH, Hormone(M/F), A1C,	
Rebel Med Fertility	Estrogen, Progesterone, AMH, TSH, A1C,	
Rebel Med Cardiometabolic	CMP, A1C, HSCRCP, Omega, Insulin,	
Rebel Med Autoimmune/Inflammatory	hSCRCP, CBC, ANA, SedRate, EBV,	
Rebel Med Core / Annual	CBC, CMP, LIPID, A1C, TSH, hsCRP	

I, _____, understand that I am financially responsible for any and all services and procedures that are performed with my consent for treatment when not eligible or considered non-covered by insurance. I agree to pay for labs ordered by provider in full including processing fees, blood draw fees as applicable.

 Signature

 Date