

# Quest Diagnostics - Lab Testing Pricing Estimation

07/08/2024 7:55 pm EDT



Has a patient ever asked, "How much is this testing going to cost?" when you recommend lab testing? Quest Diagnostics has added a lab testing pricing estimation tool to help you answer this question.

<https://patient.questdiagnostics.com/estimate>

## How does this work?

- A new PDF image called the "Estimation Page" will be added to the lab order. It will provide an estimate for self-pay patients or an estimate of out-of-pocket costs for patients with confirmed third-party payer coverage.

## Benefits of pricing transparency

For patients:

- Patients are made aware that their sample/samples will be processed by Quest Diagnostics.
- It allows the patient to be more engaged with their lab testing.
- Shows the patient an estimate of their out-of-pocket costs, so there are no surprises later.

For providers:

- Increased patient awareness of testing requested and by whom is performing it.
- Price transparency so they are informed of any potential out-of-pocket costs.

If the patient has questions about the price that is listed, or what their insurance will cover, they should reach out to their insurance carrier to discuss.

## Can I turn this page off?

Yes. If you would rather not have this page printed, you can reach out to Quest Diagnostics at 866-MyQuest and request that the Estimation page be stopped. You will need your client account number and the site/location where your Quest specimens are usually processed. The requests are normally processed on Tuesday or Thursday evenings, so depending on when you call, you could still see this page print for a couple of days.

## What will it look like?

For self-pay patients:



**Estimation**

Patient Name: FAKE PATIENT  
Lab Code: WDL  
Client: 22111112

Printed Date: 09/08/2021  
Reference Number: 0020269

| Service Type  | Service Code | Description          | Reason | Price             |
|---------------|--------------|----------------------|--------|-------------------|
| Chemistry     | 0034707      | Chem Test 07         |        | \$67.51           |
| Non Chemistry | 0000249      | Ana W/rfx            |        | \$84.36           |
|               | 0000374      | Ck, Total            |        | \$57.37           |
|               | 0001715      | Tp Rand (U) W/ Creat |        | \$106.86          |
|               | 0001759      | Cbc(H/h,Rbc,Wbc,Plt) |        | \$33.67           |
|               | 0004418      | Rheumatoid Factor    |        | \$58.49           |
|               | 0004848      | Hep B Core Igm Ab    |        | \$142.85          |
|               | 0008396      | Hcg, Total, Qn       |        | \$146.43          |
|               | 0008837      | Pth,Intact & Calcium |        | \$241.84          |
|               | 0014577      | Bv And Vag Scr, Dna  |        | \$336.34          |
|               | 0019550      | Trichomonas Vag Rna, |        | \$173.23          |
|               | 0034499      | Sars Cov2 Igg S Sqn  |        | \$55.00           |
| <b>Total</b>  |              |                      |        | <b>\$1,503.95</b> |

For patients with third-party insurance:



**Estimation**

Patient Name:  
Lab Code: WDL  
Client: 22111112

Printed Date: 09/08/2021  
Reference Number: 0020260  
Insurance: (AUSHC)  
Member ID: W189748525

| Service Type                     | Service Code | Description          | Reason                          | Price           |
|----------------------------------|--------------|----------------------|---------------------------------|-----------------|
| Non Chemistry                    | 0000498      | Hep B Surf Ag W/conf | COPAY OR DEDUCTIBLE AMT \$8.66  | \$84.36         |
|                                  | 0008181      | Hemoglobin A1c W/mpg | COPAY OR DEDUCTIBLE AMT \$7.99  | \$74.25         |
|                                  | 0017306      | Vit D,25-oh,Total,1a | COPAY OR DEDUCTIBLE AMT \$24.81 | \$241.84        |
|                                  | 0091431      | Hiv1/2 Ag/ab,4 W/rfl |                                 | \$108.16        |
| <b>Total</b>                     |              |                      |                                 | <b>\$508.61</b> |
| Estimated Patient Responsibility |              |                      |                                 | <b>\$41.46</b>  |

(Estimated By Insurance Carrier)