

Fremont Holistic Center – Shibuya Integrative Health - Barry Shibuya, M.D., ABIHM

Board Certified in Integrative Medicine, Internal Medicine & Rheumatology: Arthritis, Osteoporosis & Related Autoimmune Diseases

3775 Beacon Ave. Suite 120, Fremont, CA 94538

Tel: 510-585-3055 Fax: 866-291-4756 www.FremontHolistic.com

Patient Name: _____ Date of Birth: _____

Diagnoses: _____

Patient's Preferred Lab: _____ CC Lab Results To: _____

SpectraCell Laboratories – Effective Feb 1, 2015 (Subject to Change) *Last Updated 03/06/15

Payable to "Fremont Holistic Center"	Payable to "SpectraCell Lab"		
Not Billing Insurance	Uninsured/ CASH	Insured Patients, Bill to Insurance	
Client Price		Preferred Pay*	Medicare

Nutritional Tests:

Comprehensive Nutritional Panel	\$290	\$390	\$190 <small>All commercial plans except Cigna</small>	\$88 ABN Required
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Cardiovascular Tests:

Cardiometabolic Risk	\$120	\$150	\$60	\$0, ABN Required. <small>Medicare assignment is accepted, no cost to patient but with limited frequency or diagnostic conditions</small>
PreDiabetes	\$60	\$80	\$40	
LPP Plus	\$110	\$140	\$60	
LPP	\$50	\$80	\$40	
Standard Lipid Panel	\$40	\$50	\$40	

Hormone Tests:

Male Hormone	\$110	\$150	\$40	ABN Required
Female Hormone	\$110	\$150	\$40	ABN Required
Thyroid Comprehensive	\$80	\$100	\$40	ABN Required
Thyroid-Adrenal	\$100	\$180	\$40	ABN Required
Thyroid Basic	\$40	\$50	\$40	ABN Required
Reverse T3	\$40	\$50	\$40	ABN Required

Genetic Tests:

Telomere	\$190	\$290	N/A	\$290 – Medicare assignment NOT accepted
MTHFR Genotyping	\$110	\$140	\$40	ABN Required
Apolipoprotein E Genotyping	\$110	\$140	\$40	ABN Required
Factor V Leidin Genotyping	\$110	\$140	\$40	ABN Required
Prothrombin Genotyping	\$110	\$140	\$40	ABN Required

Sub-total Cost/ Payable to Fremont Holistic Center: \$ _____

Subtotal payable to SpectraCell: \$ _____

Grand Total Cost: (+ \$30 Lab draw & processing) = \$ _____

I authorize the Fremont Holistic Center to charge my account for the lab services above, **PLUS a \$30 lab draw & processing fee**. I understand that I will receive a copy my results with an explanation, and that if I want further explanation from Dr Shibuya, I will have to schedule an appointment at the Fremont Holistic Center, as this service is NOT covered by my health insurance plan. The rates for an appointment at the Fremont Holistic Center with Dr Shibuya are billed in 15 minute increments.

Patient Signature

Date:

*Preferred prepayment – Pt selecting this option will receive no further bills for uncovered/disallowed test, or for copay/unmet deductibles. Pt must submit a valid copy of insurance card with specimen. If pt receives a payment from insurance company for lab services rendered, the pt must agree to forward the payment to SpectraCell with a copy of the EOB statement.