

DIAGNOSTIC TESTING BUDGET

Patient Reference: _____

Date: _____

TEST DESCRIPTION	PROVIDER	INSURANCE COVERAGE	ESTIMATED OUT-OF-POCKET
Blood Panel (Comprehensive)	City Lab Services	80%	\$45.00
MRI Scan (Lumbar)	Imaging Center West	60%	\$420.00
Diagnostic Ultrasound	General Hospital	Co-pay Only	\$30.00
Pathology Review	Specialist Clinic	Pending	\$115.00
Electrocardiogram (ECG)	Primary Care	100%	\$0.00
ESTIMATED TOTAL COST:			\$610.00

NOTES & FOLLOW-UP INSTRUCTIONS:

This document is for budgeting purposes only and does not constitute a final medical bill.