Cystine Determination Laboratory

BILLING REQUISITION

UCSD

Federal Tax ID: 33-0646799

Patient Name: _____ Date of Sample: _____

Patient DOB: _____ Dx / ICD-9: _____

(List 270.0 Cystinosis for monitoring only)

Parent/Guardian Information	Referring Physician Information
Name:	Name:
Address:	Address:
Phone:	Phone:

ASSAY (CPT 84999)	CHARGE
☐ **Intracellular Cystine Assay**	$395.00

CELL PREPARATION FOR ASSAY (CPT 84999)	CHARGE
☐ **Leukocytes* or Cultured Cells**	$130.00
☐ **Polymorphonuclear (PMN) Leukocytes* for Heterozygote Detection**	
☐ One at risk sample	$400.00
☐ More than one at risk sample, prepared at the same time, charge per s	$200.00

* These samples must be prepared immediately after blood is obtained. These services provided only to patients seen at UCSD.

☐ **Placenta** (Pre-authorization is strongly suggested)	$350.00
☐ **Maintenance / Preparation of Cultured Cells for Cystine Assay** (Fibroblasts, Amniocytes, or Chorionic Villi Cells)	$450.00

BILLING INFORMATION

This section must be completed & submitted with sample in order for the lab to perform the assay & report results.

- We are a non-profit organization. Assay prices are set to cover costs only. No discounts are possible. Prices effective as of September 1, 2003.
- We do not accept public or private insurance of any kind. Our policy is to establish direct billing with the referring hospital, institution, facility or laboratory. Please contact the Cystine Lab Billing Coordinator at (619) 471-0426 if you have any questions.
- If no payer is specified the referring laboratory assumes responsibility for payment of the assay(s) and/or preparation of cells for assay.

Laboratory/ Facility/ Institution to be billed:	**Billing Contact:**
Name:	Name:
Address:	Phone:
	Fax:
	E-mail:
	PO#, Acct#, etc:

The UCSD Biochemical Genetics Lab also accepts Visa and Mastercard.