

# Special Pricing

The fees set forth shall increase on the date of each anniversary of the Effective Date of this Agreement, but no such increase shall exceed the annual increase in the Federal Bureau of Labor Statistics' Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, Medical Care expenditure group, or five per cent (5%), whichever is lower.



Re: Clinical Laboratory Testing Services

Dear HIDALGO COUNTY HEALTH:

Quest Diagnostics is committed to providing the highest quality testing and services in the industry. This commitment is backed by dedicated people who understand that behind every specimen and result is a human life.

The patient comes first in everything that we do. Our passion is to provide every patient and every customer with services and products of uncompromising quality.

Quest Diagnostics is pleased to offer clinical laboratory testing services to you in accordance with the terms established below.

- Both Quest Diagnostics and you agree to fully comply with all applicable laws, rules, and regulations.
- We are both "Covered Entities" under the Health Insurance Portability and Accountability Act ("HIPAA") and will comply with applicable provisions of HIPAA, as well as other state and federal law regarding confidentiality and privacy of patient health information.
- You agree to provide all billing information required by third party payers necessary for Quest Diagnostics to bill and collect from the third party payer(s) for services on your patients, whose specimens are collected in your office.
- You agree to pay Quest Diagnostics within fifteen days of the date Quest Diagnostics sends you an invoice for the services.
- Either party may discontinue this agreement for any reason upon thirty days prior written notice with or without cause.
- You agree that you will not use the Quest Diagnostics name or logo, including posting to the Internet, or create a link to Quest Diagnostics' web site, without prior written consent from Quest Diagnostics.

Please refer to the following page for additional information specific to our agreement.

We look forward to building a relationship with you and we thank you for your confidence in choosing Quest Diagnostics as your reference laboratory.

Sincerely,

\_\_\_\_\_  
Quest Diagnostics Sales Representative

Accepted on behalf of HIDALGO COUNTY HEALTH (19844):

By: \_\_\_\_\_ Date: \_\_\_\_\_



**PRICING TERMS**

**CLIENT:** HIDALGO COUNTY HEALTH  
**ADDRESS:** 1304 S 25TH AVE  
**CITY:** EDINBURG **STATE:** TX **ZIP CODE:** 78542-7205  
**EFFECTIVE DATE OF PRICING:** 1/1/2012 **CLIENT NUMBER:** 19844  
**CLIENT TELEPHONE NUMBER:** (956) 383-6221 **GROUP BILL NUMBER:** N/A  
**QUEST DIAGNOSTICS SALES REPRESENTATIVE:** OLICIA HINOJOSA

Service Code	Service Description	Client Price
Special Quotes		
0017409	ALPHA-FETOPROTEIN, CSF	20.00
0000243	AMYLASE	6.00
0000249	ANA W/RFX	6.00
0014577	BV AND VAG SCR, DNA	52.00
0008502	C.TRAC DNA,CX M/URET	9.00
0000329	CARBAMAZEPINE, TOTAL	8.00
0006399	CBC (DIFF/PLT)	2.50
0001759	CBC(H/H,RBC,WBC,PLT)	2.15
0000978	CEA	15.00
0010458	CF CARRIER SCREEN	75.00
0011363	CHLAMYDIA/GC RNA,TMA	45.00
0000374	CK, TOTAL	3.00
0017305	CT/NG SDA	35.00
0000395	CULT. (U) ROUTINE	8.00
0014547	CULT, GBS AND PROBE	20.00
0002692	CULT, HSV, RAPID	20.00
0004558	CULTURE, GENITAL	12.00
0004485	CULTURE, GP. A STREP	7.00
0004482	CULTURE,NP/NASAL	13.00
0010019	CULTURE,SALM/SHIG	13.00
0002126	DAP 10-50	26.00
0000418	DIGOXIN	9.00
0000425	EOSINOPHIL CT, (B)	15.00
0003967	FECAL FAT, QUAL	9.00
0011290	FECAL IMMUNOCHEM	22.00
0003930	FECAL LEUKOCYTE STN	6.00
0000457	FERRITIN	3.50
0000466	FOLATE,SERUM	7.00
0007137	FSH & LH (S)	15.50
0035623	FSH (REFL)	9.00
0008625	GIARDIA AG DETECTION	12.00
0001430	GLUC GEST & FAST 130	9.00
0019834	GLUC GEST & FAST-140	9.00
0008477	GLUCOSE, GEST. SCR.	4.50
0008476	GLUCOSE, PP/1 HR	4.50
0008917	GLUCOSE, RAND (P)	5.00
0006745	GTT, GESTATIONAL., 4	18.00
0029407	H.PYLORI IGG AB	16.00
0008396	HCG, TOTAL, QN	8.00
0016598	HEM A1C W/EAG (REFL)	7.00
0000509	HEMATOCRIT	1.88
0000510	HEMOGLOBIN (B)	1.88
0008181	HEMOGLOBIN A1C W/MPG	5.25



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0007008	HEMOGRAM	1.94
0000512	HEP A IGM AB	14.00
0008475	HEP B SURFACE AB QN	15.00
0008472	HEP C AB	9.00
0019728	HIV 1/2 AB SCR W/RFLS	10.00
0006447	HSV 1/2 HERPESELECT	24.00
0000571	IRON, TOTAL	2.00
0007573	IRON, TOTAL, & IBC	3.88
0000613	LITHIUM	8.00
0000622	MAGNESIUM	4.00
0005059	MATERNAL SERUM AFP	15.00
0000660	MYOGLOBIN	24.00
0000661	MYOGLOBIN, (U)	20.00
0000713	PHENYTOIN	10.50
0000723	PLATELET COUNT	1.32
0008847	PRO TIME WITH INR	4.50
0000745	PROGESTERONE	10.00
0000746	PROLACTIN	8.00
0023035	PROT ELECT,(U) (REFL)	40.00
0016831	PROT, TOT & PROT ELEC, W/	12.00
0016833	PROT, TOTAL & PROT ELECT,	12.00
0000747	PROTEIN ELECTRO.	12.00
0005363	PSA, TOTAL	8.00
0000763	PTT, ACTIVATED	4.50
0000783	RED BLOOD CELL COUNT	1.94
0004418	RHEUMATOID FACTOR	6.00
0000799	RPR MONITOR W/REFL	4.00
0008467	RSV AG (IA)	12.00
0037673	RUBELLA IGG&IGM AB	43.00
0000809	SED RATE BY MOD WEST	5.00
0003820	STAT ASSAY 1	10.00
0003821	STAT ASSAY 2	20.00
0014471	SUREPATH PAP	25.00
0014499	SUREPATH RFL HPV	25.00
0000861	T-3 UPTAKE	3.00
0000867	T-4 (THYROXINE)	3.00
0000873	TESTOSTERONE, TOTAL	11.00
0001715	TP RAND (U) W/ CREAT	15.00
0000899	TSH	4.00
0010263	U PROTEIN ELECT W/RF	25.00
0000905	URIC ACID	2.00
0007909	URINALYSIS, REFLEX	2.53
0000916	VALPROIC ACID	9.00
0030509	VDRL, SERUM	8.00
0000927	VITAMIN B12	8.00
0000937	WBC	1.88
0007064	WBC & DIFF	2.50

<b>Service Code</b>	<b>Service Description</b>	<b>Client Price</b>
<b>Panels</b>		
0010108	*CULT, STOOL W/REFL	62.50
0004475	CULT, CAMPYLOBAC.	10.78
0010019	CULTURE,SALM/SHIG	13.00
0030264	SHIGA TOXINS E.COLI	38.72
0010306	*HEP PNL ACUTE W/REF	47.00
0000512	HEP A IGM AB	14.00
0004848	HEP B CORE IGM AB	18.00
0000498	HEP B SURF AG W/CONF	6.00
0008472	HEP C AB	9.00
0007998	*HGB & HCT	3.76



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0000509	HEMATOCRIT	1.88
0000510	HEMOGLOBIN (B)	1.88
0007600	*LIPID PANEL	5.25
0000334	CHOLESTEROL, TOTAL	1.75
0000608	HDL-CHOLESTEROL	1.75
0000896	TRIGLYCERIDES	1.75
0020210	*OBSTETRIC PANEL	24.50
0000795	AB SCR RFX ID/TITER	4.00
0007788	ABO GRP AND RH TYPE	4.00
0006399	CBC (DIFF/PLT)	2.50
0000498	HEP B SURF AG W/CONF	6.00
0036126	RPR(DX)REFL FTA	4.00
0000802	RUBELLA IMMUNE	4.00
0007444	*THYROID PNL W/TSH	10.00
0000861	T-3 UPTAKE	3.00
0000867	T-4 (THYROXINE)	3.00
0000899	TSH	4.00
0007065	*VIT B12/FOLATE, SERUM	15.00
0000466	FOLATE,SERUM	7.00
0000927	VITAMIN B12	8.00

The Pricing listed above will remain in effect for twelve months from the above-referenced Effective Date.

All Pricing is subject to change upon thirty days prior written notice sent to the address contained herein after the initial 12 months term.

Please indicate your acknowledgement and acceptance of this offer by signing where indicated below.

This offer of pricing terms must be accepted (by signature below) within 15 business days from the effective date above; otherwise this offer may be subject to renegotiation and a new agreement may be required.

Accepted on behalf of HIDALGO COUNTY HEALTH (19844):

By: \_\_\_\_\_ Date: \_\_\_\_\_