

Pershing General Hospital

Components of Physical Panel 1	Cost
State of Nevada Medical History Form	Incl in physical exam
Audiometry w/interpretation (identify air conduction or pure tone test)	Incl in physical exam
Blood Pressure Monitoring	Incl in physical exam
Chest X-Ray (1 view) radiologist over-read	\$ 63.60
Coronary Risk II (CBC + Chem Panel + HDL + LDL	\$ 30.00
Heart Lung Physical Exam-incl venipuncture, vision, vitals, doctor visit	\$ 165.00
Resting EKG	\$ 45.00
Pulmonary Function Test (Spirometry)	\$ 118.20
Vision Screening	Incl in physical exam
TB Skin test	
TB -2 Step TB test for Dept of Corrections pre-hires/Shot (A1)	\$ 70.80
Urinalysis	\$ 27.60
Nicotine Test (Cotinine Only) with Quant Levels	\$ 120.00
Per Cent Body Fat (BMI Method) /Waist Circumference	Incl in physical exam
* A1c - If employee has documented Diabetes	\$ 57.60
State of Nevada Physician's Report of Results Form	Incl in physical exam
Written Report to Agency and Employee	Incl in physical exam
Hepatitis ABC Antibody Screening	\$ 175.00
Hepatitis A/B Inoculation Series, must be offered if the employee has not been previously inoculated -Vendor must provide a card identifying status and dates of inoculations	\$ 435.60
rural fee	
Total Cost of Physical	1,308.40
Rural Fees	
If Stress EKG included for over 40 with exam	204.00
Total Cost of Rural Physical	1,512.40
Candidate not over 40 yrs of ager. Does not have 2 or more risk factors	(204.00)

Cost of Physical

Candidate does not need Hep inoculation series

Cost of Physical

	1,308.40
\$	(435.60)
	872.80

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Components of Physical Panel 2	Cost
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Audiometry w/interpretation (identify air conduction or pure tone test)	\$ 46.80
Resting EKG	\$ 147.80
Pulmonary Function Test (Spirometry)	\$ 118.20
Vision Screening	\$ 22.40

Total Cost of Physical	\$ 335.20
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Rural Fees	
Charge for physical conducted on site	
Mobile fee	

Total Cost of Rural Physical	\$ 335.20
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Components of Physical Panel 3	Cost
State of Nevada Medical History Form	Incl in physical exam
Audiometry w/interpretation (identify air conduction or pure tone test)	Incl in physical exam
Blood Pressure Monitoring	Incl in physical exam
Chest X-Ray (2 View) radiologist over-read	\$ 95.20
Coronary Risk II (CBC + Chem Panel + HDL + LDL	\$ 30.00
Heart Lung Physical Exam-incl charge for venipuncture	\$ 165.00
Resting EKG	\$ 45.00
Stress EKG	\$ 204.00
Pulmonary Function Test (Spirometry)	\$ 118.20
Vision Screening	Incl in physical exam
TB Skin Test Exception: Dept. of Corrections employees do not receive	\$ 35.40
Urinalysis	\$ 27.60
Nicotine Test (Cotinine Only) with Quant Levels	\$ 120.00
Per Cent Body Fat (BMI Method) /Waist Circumference	Incl in physical exam
* A1c - If employee has documented Diabetes	\$ 57.60
State of Nevada Physician's Report of Results Form	Incl in physical exam
Written Report to Agency and Employee	Incl in physical exam
Hepatitis ABC Antibody Screening	\$ 175.00
Hepatitis A/B Inoculation Series, must be offered if the employee has not been previously inoculated -Vendor must provide a card identifying status and dates of inoculations	\$ 435.60
Total Cost of Physical	\$ 1,508.60
Does not need A/B inoculation series	\$ (435.00)
Rural Fees	
Charge for physical conducted on site	
Rural fee	
Total Cost of Rural Physical	\$ 1,073.60

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Components of Physical Panel 4	Cost
Audiometry w/interpretation (identify air conduction or pure tone test)	\$ 46.80
Blood Pressure Monitoring	\$ 22.40
Chest X-Ray (1 view) radiologist over-read	\$ 160.80
Resting EKG	\$ 147.80
Pulmonary Function Test (Spirometry)	\$ 118.20
Vision Screening	

Total Cost of Physical	\$ 496.00
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Rural Fees

Charge for physical conducted on site	
Rural fee	

Total Cost of Rural Physical	\$ 496.00
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Optional Components of a Physical Exam	Cost
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Hepatitis Testing

Hepatitis Profile Screening	236.40
Hepatitis A	79.80
Hepatitis B surface Ag	44.40
Hepatitis B surface Ab	58.20
Hepatitis B core Ab	57.60
Hepatitis C Ab	65.40

HIV Testing

HIV 1 & 2 Screen (AIDS Screening)	117.60
HIV I & II - Western Blot	118.52
HIV 11 Screen	53.93
Immunoblot Confirmation	118.52

Confirmation Charges on Hepatitis (if Positive)

Hep A -Hep A IgM	79.80
Hep B Ag - Neutralization Assay	53.66
Hep C - HCV RIBA	320.00

Hepatitis Inoculations

Hepatitis A inoculations	157.24
Hepatitis B inoculations	98.63
Dyna Vax (Hep B inoculation-conducted as series of 2 - per Vaccine)	
TwinRix (Hep A and B) inoculations	145.20

Respirator Clearance Exams

Respiratory Fit Test	
OSHA Respirator Questionnaire	Included with test
Pulmonary Function Test	137.25
Respirator Clearance Letter	22.40

Department of Transportation/CDL Exams

DOT Examinations	96.00
DOT Paperwork	Included with CDL

Drug and Alcohol Testing

DOT Urine Drug Screen	106.20
Non DOT Urine Drug Screen	106.20
DOT Breath Alcohol Test	44.00
Non DOT Breath Alcohol Test	44.00
Breath Alcohol Confirmation (if positive)	

Individual Test Pricing (Not part of Heart and Lung Physical)

Audiometry with interpretation (air conduction or pure tone test)	46.80
Chest X-Ray (Single View)	160.80
Chest X-Ray (Dual View) includes radiologist over-read	200.40
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	239.40
Resting EKG	147.00
Stress EKG (Graded Exercise Test)	204.00
TB Skin Test	35.40
Nicotine Test (Cotinine Only) with Quant Levels	120.00
Per-Cent Body Fat (BMI Method)/Waist Circumference	22.50
Pulmonary Function Test	118.00
Normal Vision screening (Snellen, Far, Near)	22.50
Advanced Vision Screening (Ishihara, Depth, Peripheral)	
Venipuncture	9.60

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Termination Testing Components	Cost
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Testing within 30 days of termination	
TB Skin Test	\$ 35.40
Hepatitis Profile Screening	\$ 236.00
HIV 1 & 2 Screen	\$ 117.60

Total 30 Day Termination Testing	\$ 389.00
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Testing 90 Days of Termination	
TB Skin Test	\$ 35.40

Total 90 Day Termination Test	\$ 35.40
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Testing 180 Days of Termination	
Hepatitis Profile Screening	\$ 236.40
HIV 1 & 2 Screen	\$ 117.60

Total 180 Days of Termination Testing	\$ 354.00
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Testing at 365 Days of Termination	
Hepatitis Profile Screening	\$ 236.40
HIV 1 & 2 Screen	\$ 117.60

Total 365 Days Termination Testing	\$ 354.00
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Total Cost of Termination Testing