

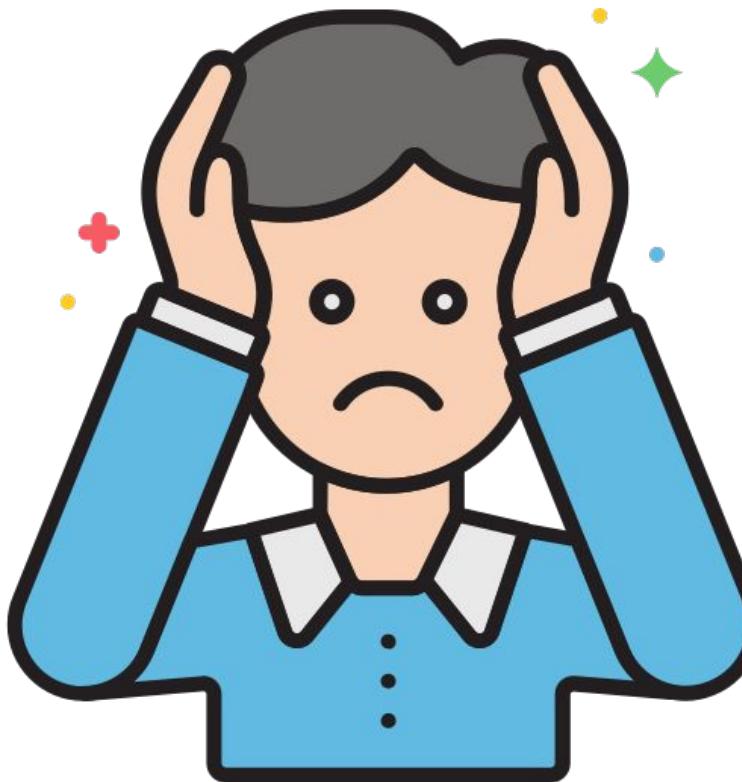
Resources for affordable Imaging and Labs

Ali Poonawala
Assist Health Group

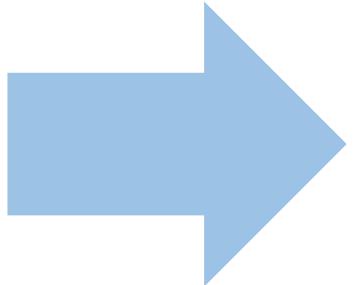
ali.poonawala@assishealthgroup.com

888-996-0650





JOHN



**MRI
LABS**



JOHN

- Worried
- Afraid
- Sense of urgency



Appointments : 1-855-346-5152

RadiologyAssist

Nationwide Access To Affordable Imaging

Schedule Diagnostic Imaging

Save on diagnostic imaging at hundreds of imaging centers nationwide.
Select your study to get started.

Select Study Select Bodypart Select Protocol Zipcode or City

Off Multiple studies? Turn on advanced search

AS FEATURED IN THE BUSINESS JOURNALS KRLD 105.1 WFAA 8 ABC NBC 5 DALLAS INNOVATES

Schedule Now Facility Locations

Icons: USA map, money bag, calendar.



Appointments : 1-888-531-2030

LaboratoryAssist

Nationwide Access To Diagnostic Lab Tests
Phone: 1-888-531-2030 | Fax: 1-855-345-5222

Schedule Diagnostic Lab Testing

Schedule at the most reputable labs in the country at a fraction of the cost. Enter the lab test you need to get started.

Search for a lab test by name or code Zipcode or City

Over 100 tests under \$7

AS FEATURED IN THE BUSINESS JOURNALS KRLD 105.1 WFAA 8 ABC NBC 5 DALLAS INNOVATES

Order Lab Tests

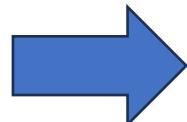
Need to refer a Laboratory Spotlight

Icons: USA map, money bag, calendar.



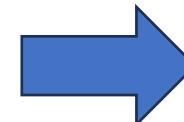
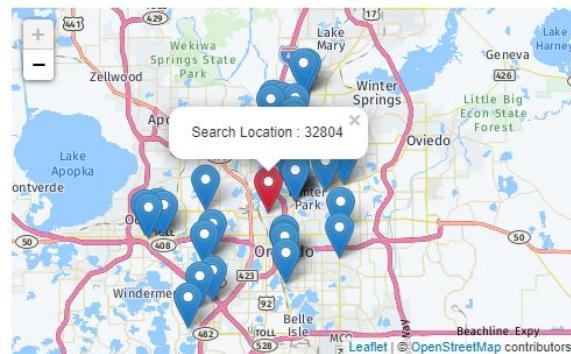
radiologyassist.com

laboratoryassist.com



Home > Search Results

Search Results [\(Start new search\)](#)



Diagnostic Imaging Center -
Altamonte Springs
(5.39 mi)

\$31.00
[Rate Terms](#)

Studies selected Xray - Chest - 2 Views (\$31.00)

Procedure Codes 71046

More Information :

[What's included?](#)
[Why our rates are lower?](#)
[Scheduling Process](#)

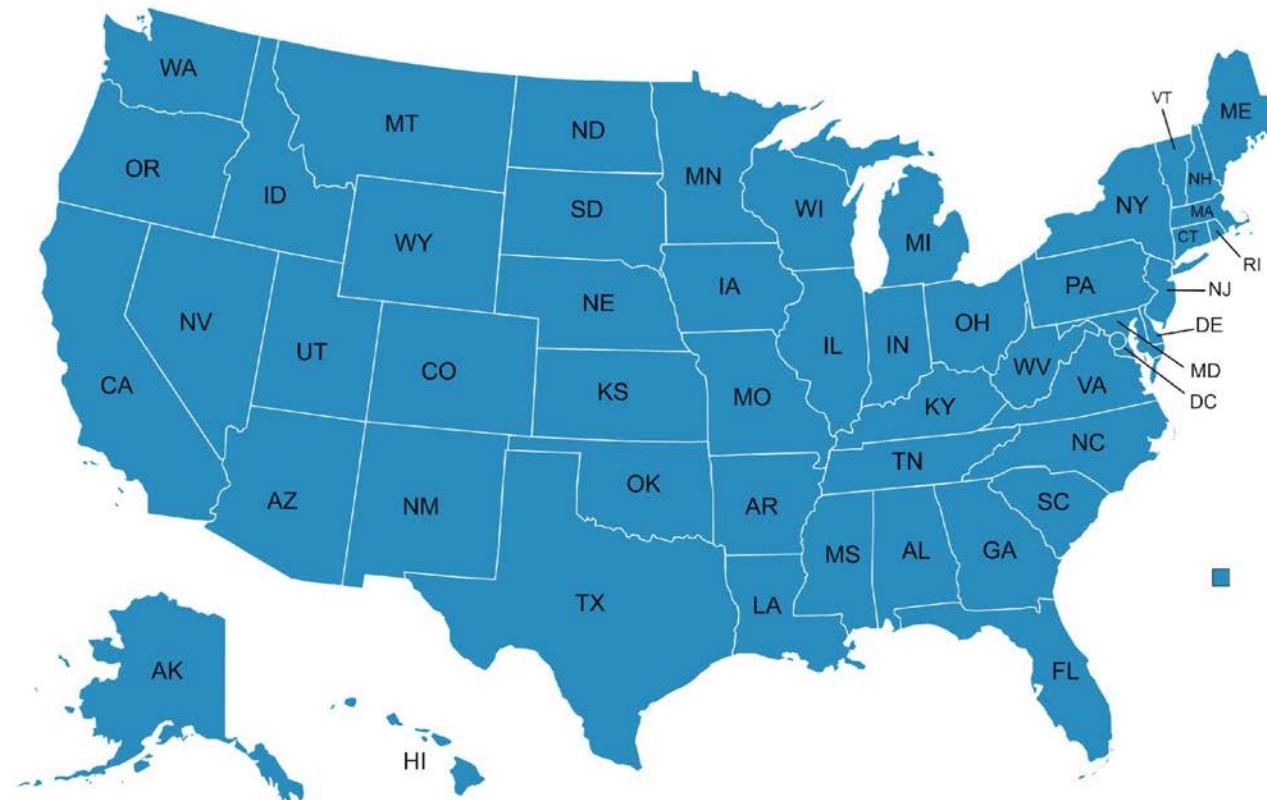
Schedule here

Diagnostic Imaging Center - Orlando
(10.04 mi)

\$35.00
[Rate Terms](#)



Nationwide



Nationwide median price of an MRI is \$301

100 lab tests under \$7 nationwide

City	MRI Lumbar Spine CPT 72148	Xray Chest CPT 71046	CBC	CMP
Dallas, TX	\$249	\$29	\$5.60	\$7.00
Houston, TX	\$252	\$35	\$5.60	\$7.00
Chicago, IL	\$259	\$29	\$5.60	\$7.00
Las Vegas, NV	\$276	\$32	\$5.60	\$7.00
Phoenix, AZ	\$249	\$40	\$5.60	\$7.00
Los Angeles, CA	\$260	\$36	\$5.60	\$7.00
New York, NY	\$277	\$37	\$5.60	\$7.00
Philadelphia, PA	\$294	\$30	\$5.60	\$7.00
Kansas City, MO	\$243	\$29	\$5.60	\$7.00
Orlando, FL	\$266	\$31	\$5.60	\$7.00

Rates always subject to change and can be looked up at radiologyassist.com and laboratoryassist.com



Itemized Statement



Your statement is ready

Use link to download statement

Ali Poonawala,

Your statement is now ready for download. You may view and download the document using the secure link below for the next 30 days.

This statement includes test codes, NPI numbers and diagnosis codes. It is provided as a courtesy incase you need to submit it for reimbursement. Please keep it for your records.

Best Regards,
LaboratoryAssist Team
[\(888\) 996-0650](tel:(888)996-0650)
(reply back to this email with questions)

[View Document](#)

[Frequently Asked Questions](#)



Nationwide Access to Diagnostic Lab Tests
2100 Valley View Ln #490, Farmers Branch TX 75234 | Tel: (855) 346-5152 | Fax: (855) 345-5222

INVOICE

Patient Information	Prepared by / Send Check To :
John Smith (DOB: 1980-01-01) 123 Any St, Dallas, TX 75000 (123) 456 7890	Assist Health Group, 2100 Valley View Ln, Suite #490, Farmers Branch TX 75234 NPI : 1952936239 TIN : 83-3335633

Service Location	Other Information
Labcorp - Irving (42611) 1302 Lane St Ste 800 , Irving, TX 75061	Ordering Provider Name : HILLARY GARGOTTA FNP-C Ordering Provider NPI : 1295272805 Diagnosis Codes : R53.83,R63.5 Invoice Date : 04/14/2023

Date	Description	Amount
04/14/2023	53004 - Lipid Panel, Standard	\$7.00
04/14/2023	53140 - CBC (Complete Blood Count with Differential/Platelet)	\$5.60
04/14/2023	53162 - Comprehensive Metabolic Panel 14 (CMP)	\$7.84
04/14/2023	53244 - Hemoglobin A1c	\$6.30
04/14/2023	53753 - TSH	\$7.00
04/14/2023	53737 - T4 Free (FT4)	\$7.70
04/14/2023	53744 - Thyroid Peroxidase Antibodies (TPO)	\$16.80
04/14/2023	53900 - Vitamin D 25-Hydroxy	\$30.80
04/14/2023	53773 - Vitamin B12 (Cobalamin)	\$11.20
04/14/2023	53183 - Blood Draw / Specimen Collection	\$7.00
04/14/2023	L4226 - Testosterone Total (Labcorp)	\$11.20
04/14/2023	53733 - T3, Free	\$7.70
04/14/2023	L70104 - Reverse T3 Serum (Labcorp)	\$44.52
	Total Charges	\$170.66



ADDITIONAL OUTPATIENT BENEFITS

	VALUE (One Unit)	PLUS (Two Unit)	PREFERRED (Three Unit)
Aggregate Calendar Year Maximum for Outpatient Benefits <i>Per Insured person.</i>	Per Year \$4,000	Per Year \$6,000	Per Year \$8,000
Physician Indemnity Benefit <i>For each day an Insured person sees a Physician in office or at an outpatient clinic. Maximum of twenty (20) benefit days including six (6) chiropractor and two (2) Specialist Physician visits per Insured person per Calendar Year.</i>	Per Day \$80	Per Day \$120	Per Day \$160
Specialist Physician Indemnity Benefit <i>Maximum of two (2) benefit days paid at the Specialist Physician rate per Insured person per Calendar Year. After the first two Specialist Physician Benefits are paid at this rate, you will be paid the Physician Indemnity Benefit amount, assuming that you have not met your maximum of twenty (20) benefit days per Insured person per Calendar Year.</i>	Per Day \$100	Per Day \$150	Per Day \$200
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic <i>Maximum of two (2) benefits per Insured person per Calendar Year.</i>	Per Day \$100	Per Day \$200	Per Day \$300
MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	Per Day \$300	Per Day \$500	Per Day \$700
X-rays or Other Diagnostic Testing Indemnity Benefit	Per Day \$80	Per Day \$160	Per Day \$240
Laboratory Indemnity Benefit	Per Day \$40	Per Day \$80	Per Day \$120

Preventive Care Indemnity Benefits *Coverage starts sixty (60) days after the Effective Date of each Insured person. Limit of one (1) benefit per Insured person per Calendar Year. Not subject to the Pre-Existing Conditions Exclusion.*

Mammograms

Colonoscopy Without Finding Any Polyps

Policy Years One (1) Through Three (3)
Beginning the Fourth (4th) Policy Year

All Other Preventive Care Services *Including but not limited to pap smears, PSA tests, chest X-rays and cholesterol testing. Coverage starts sixty (60) days after the Effective Date of each Insured person.*

Outpatient Hospital or Ambulatory Surgical Center Services When Surgery is Performed Indemnity Benefit

Benefit for Surgery Performed Under General Anesthesia
Benefit for Surgery Performed not Requiring General Anesthesia

Per Calendar Year \$250
Every Three Years \$500 \$750
Per Calendar Year \$250

Per Day	Per Day	Per Day
\$2,000 \$750	\$3,500 \$1,500	\$5,000 \$2,250

Utilizing these programs help members of indemnity plans receive care at or under plan reimbursements.

Service	Patient Cost	Plan Reimbursement
MRI Lumbar Spine	\$249	\$500
Xray Chest 2 View	\$29	\$160
CBC + CMP	\$12.60	\$80



LET'S FIGHT **BREAST CANCER**

Schedule your
mammogram screening
this October & receive a
\$10 Amazon Gift Card



Contact us at **1-855-346-5152**

Mention code **YesMamm** for this promotion!

Awareness & Early Detection
Saves Lives.

RadiologyAssist

Offer applicable for individuals scheduling a mammogram with Assist Health Group in October and completing it by December 31st. Upon successful mammogram completion, a \$10 Amazon gift card will be emailed by January 31st. Assist Health Group reserves the right to modify or terminate this offer at its discretion. This promotion is subject to all applicable laws and regulations and is void where prohibited.

Mammogram
Dallas, TX - **\$168.85**

Assist
Health Group

Wellness Panel
\$59.60

Consult
\$20.00

Questions?

Ali Poonawala
Assist Health Group

ali.poonawala@assishealthgroup.com

888-996-0650

