Billing Entity, Laboratory Services, and Fee Schedules

Purpose: The purpose of this procedure is to outline the billing entity, types of laboratory services performed at Foundation Labs and associated fees.

Billing Entity

Billing Entity	Foundation Labs, dba: TPIRC Diagnostic Services
NPI	1639642564
Tax ID	83-0653027
Laboratory Address	701 East 28th Street, Suite 116
	Long Beach, CA 90806-2771
Payment Address	PO BOX 3387
	Seal Beach, CA 90740

Contact Information

Change Healthcare Billing Vendor: 9/14/2020 - 4/30 2025	866-500-9722
MCCB	
(Billing Vendor prior to 9/11/2020)	800-719-0840
Foundation Labs Customer Service	562-490-9900, Option 4, then 2

Financial Responsibility for Families - Deposit

PPO, Medicaid, Private, Other
$500.00 due at the time of the appointment
HMOs and Kaiser Insurance
$1000.00 due at the time of the appointment
And $1500.00 due within 4 months, per lab visit
Cash Patient
$1000.00 due at the time of the appointment
And $1500.00 due within 4 months, per lab visit
International Patients
$2500.00 due at the time of the appointment

Laboratory Services and Fee Schedules

Description	Procedure*	Units	MUE	Fee/Charge	Total Fee
Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	82784	1	6	$23.00	$23.00
Gammaglobulin (immunoglobulin); IgE	82785	1	1	$41.00	$41.00
Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	82787*	4	4	$67.00	$268.00
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	83520*	4	9	$143.00	$572.00
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	85025	1	2	$19.00	$19.00
Allergen specific IgG quantitative or semiquantitative, each allergen	86001*	11	20	$65.00	$715.00
Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	86003	48	70	$13.00	$624.00
Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	86008-59	66	20	$45.00	$2,970.00
Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker (analysis for Uticaria)	88184**	1	2	$203.00	$203.00
Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker) (analysis for Uticaria)	88185**	2	35	$58.00	$116.00
Totals					**$5,551.00**

*Anthem Blue Cross – Investigational Codes, not covered per policy
** Send out lab: ARUP, 500 Chipeta Way, Salt Lake City, UT 84108

For allergen panel details, go to Foundation Labs Allergen Panels

* Services listed above are the recommended baseline laboratory tests and subject to change based on the treatment plan. Out-of-pocket costs will vary based on benefits and determined after the claim has been processed by the insurance carrier. Please confirm with the insurance plan if an authorization is required, please note, an authorization is not a guarantee of payment.

Family's maximum Out-of-Pocket Cost is not to exceed $2500.00.

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