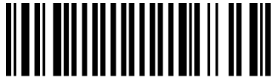





Patient Payment Options

TEST	Insurance (Preferred Pay)	Uninsured (Non-Preferred Pay)
------	------------------------------	----------------------------------

Comprehensive Nutritional

Micronutrient	 490000000054	\$239	 490000000061	\$339
---------------	---	-------	---	-------

Cardiovascular

CardioMetabolic	 490000000078	\$99	 490000000085	\$174
-----------------	---	------	---	-------

Pre-Diabetes	 490000000092	\$84	 490000000108	\$129
--------------	--	------	--	-------

LPP Plus	 490000000115	\$89	 490000000122	\$149
----------	---	------	---	-------

Hormone Balance

Male Hormone	 490000000139	\$89	 490000000146	\$169
--------------	---	------	---	-------

Female Hormone	 490000000153	\$89	 490000000160	\$169
----------------	---	------	---	-------

Thyroid	 490000000177	\$89	 490000000184	\$169
---------	---	------	---	-------

Thyroid Plus Adrenals	 490000000191	\$99	 490000000207	\$169
-----------------------	---	------	---	-------

Genetics

Telomere	 490000000214	N/A	 490000000221	\$249
MTHFR Genotyping	 490000000238	\$99	 490000000245	\$159
Apolipoprotein E Genotyping	 490000000252	\$99	 490000000269	\$159
Factor V Leiden Genotyping	 490000000276	\$99	 490000000283	\$159
Prothrombin Genotyping	 490000000290	\$99	 490000000306	\$159

Add-Ons

Reverse T3	 490000000313	\$29	 490000000320	\$99
CBC w/ diff	 490000000344	\$19	 490000000351	\$29
Comprehensive or Basic Metabolic	 490000000368	\$19	 490000000375	\$29
OmegaCheck	 490000000382	\$19	 490000000399	\$99
Test Result Consultation (1 hour)	 490000000405	\$225	 490000000405	\$225