

Service and Program Pricing Menu

All services are designed to align with Gershon Preventative Medicine's commitment to proactive health planning and bioidentical hormone replacement and optimization therapy. For more details or to schedule an appointment, please visit Your Patient Portal or contact us at 757-693-9367 during our office hours.



Membership Plan Options

Annual Membership Plan

Price: \$1750.00

Package Inclusions:

- Two follow-up visits for 30 minutes each, based on standard protocols.
- A wellness check-in appointment for 15 minutes.
- An annual comprehensive health review.
- Personalized health planning services tailored to you.
- Select lab tests that are available on the portal.
- Constant clinical oversight.
- Exclusive Member Benefits, including discounts on labs, services, and supplements.
- Access to prescription management services.
- Annual Subscription with Auto-Debit for your convenience.

Monthly Membership Management

Price: \$158.33 per Month (\$1900.00 total)

Package Inclusions:

- Two follow-up visits for 30 minutes each, based on standard protocols.
- A wellness check-in appointment for 15 minutes.
- An annual comprehensive health review.
- Personalized health planning services tailored to you.
- Select lab tests that are available on the portal.
- Constant clinical oversight.
- Exclusive Member Benefits, including discounts on labs, services, and supplements.
- Access to prescription management services.
- Monthly Subscription with Auto-Debit for your convenience.

Pay-Per-Visit Options

Hormone Health Services

- New Patient Visit (60-90 Minute): \$350.00
 - Comprehensive Visit/Consultation (60-90 Minutes): \$350.00
 - Follow-Up Visit (30 Minutes): \$225.00 per visit
- *Note: Lab fees are not included in the visit cost.

- Standard Follow-Up (30 Minutes) : \$225 per visit
- Medication Check-In (15 Minutes): \$175 per visit

*Note: Lab fees are not included in these visit costs.

Cosmetic Botox

- Facial Mapping : \$75.00 (one-time)
- Botox per Unit: \$13.50

**Membership Rate \$11.00 per unit.

Additional Services

- Clinical Review of Labs: \$150.00

Functional Health Services

Functional Health Assessment

- New Patient Consultation (60-90 Minutes): \$399.00
- Follow-Up Visit (45 Minutes): \$299.00

Functional Diagnostic Testing

- **NutraEVAL:** * see pricing menu below.
- **NutraEVAL Interpretation: \$250.00.**
****Membership Rate \$175.**

- **GI Effects 1-Day:** *see pricing menu below.
- **GI Effects 3-Day:** *See pricing menu below.
- **Test Interpretation: \$250.00**
****Membership Rate \$175.**

***cost of testing and/or interpretation does not include service/office visit fees.



Find us on 





Gershon Preventative Medicine À la Carte Diagnostic Menu

Important Note: All tests must be conducted at LabCorp facilities only.

	Test Number	Rate	**Membership Rate
CK Iso,Serum,Frac.Only	#120212	\$30.00	\$20.00
CK Reflex	#001305	\$6.75	\$4.50
CK+LD, Totals+Isoenzymes	#001859	\$75.00	\$50.00
CK, Total+Isoenzymes, Serum	#002154	\$45.00	\$30.00
Creatine Kinase (CK), MB	#120816	\$68.25	\$45.50
Creatine Kinase (CK), MB/Total	#002311	\$75.00	\$50.00
Creatine Kinase,Total	#001362	\$6.75	\$4.50
ACTH, Plasma	#004440	\$60.00	\$40.00
Alkaline Phosphatase	#001107	\$6.75	\$4.50
ALT (SGPT)	#001545	\$6.75	\$4.50
Anti-Mullerian Hormone (AMH)	#500183	\$108.00	\$72.00
AST (SGOT)	#001123	\$6.75	\$4.50
CBC With Differential/Platelet	#005009	\$6.30	\$4.20
CBC/Diff Ambiguous Default	#977709	\$6.30	\$4.20
CBC/Differential (No Platelet)	#115907	\$17.70	\$11.80
Celiac Disease Comprehensive	#165126	\$293.85	\$195.90
Comp. Metabolic Panel (14)	#322000	\$8.70	\$5.80
Cortisol	#004051	\$15.75	\$10.50
Cortisol - AM	#104018	\$15.75	\$10.50
Cortisol - PM	#104026	\$15.75	\$10.50
C-Reactive Protein, Cardiac C-	#120766	\$18.00	\$12.00
Reactive Protein, Quant	#006627	\$12.00	\$8.00
Creatinine	#001370	\$6.75	\$4.50
CRP+HLA-B27	#302606	\$169.50	\$113.00
C-Telopeptide, Serum	#500089	\$150.00	\$100.00
DHEA-Sulfate	#004020	30.00	\$20.00
DHEA-Sulfate, Serum	#500161	\$68.25	\$45.50
Dihydrotestosterone	#500142	\$135.00	\$90.00
Drawing Fee	#996660	\$15.00	\$10.00
Endomysia Antibody IgA	#164996	\$75.00	\$50.00
Estradiol	#004515	\$18.90	\$12.60
Estriol, Serum	#004614	\$24.75	\$16.50
Estrone, Serum	#004564	\$36.00	\$24.00
Free Testosterone (Dialysis)	#501205	\$63.00	\$42.00
Ferritin.	#004598	\$12.00	\$8.00
Folate (Folic Acid), Serum	#002014	\$12.00	\$8.00
Folate (Folic Acid), Serum	#002020	\$12.00	\$8.00

	Test Number	Rate	**Membership Rate
FSH	#004309	12.00	\$8.00
FSH and LH	#028480	\$24.00	\$16.00
GGT	#001958	\$6.75	\$4.50
Gliadin IgG/IgA Ab Prof, EIA	#163402	\$45.00	\$30.00
Glucose	#001032	\$6.75	\$4.50
hCG,Beta Subunit, Qnt	#004416	\$18.00	\$12.00
Hemoglobin A1c	#001453	\$11.55	\$7.70
HLA B 27 Disease Association	#006924	\$157.50	\$105.00
Homocyst(e)ine	#706994	\$66.00	\$44.00
IGF-1	#010363	\$54.00	\$36.00
IGF-BP3	#140152	\$90.75	\$60.50
Immunoglobulin A, Qn, Serum	#001784	\$17.25	\$11.50
Insulin	#004333	\$20.40	\$13.60
Insulin #9	#504374	\$32.40	\$21.60
Iron	#001339	\$6.75	\$4.50
Iron and TIBC	#001321	\$9.75	\$6.50
Levetiracetam (Kepra), S	#716936	\$105.00	\$70.00
Lipid Panel	#303756	\$9.60	\$6.40
Lipid Panel With LDL.HDL Ratio	#235010	\$9.60	\$6.40
Lipid Panel w Chol.HDL Ratio	#221010	\$9.60	\$6.40
Lipoprotein (a)	#120188	\$75.00	\$50.00
Luteinizing Hormone(LH)	#004283	\$12.00	\$8.00
NMR Lipo Profile Lipids	#884247	\$90.00	\$60.00
N-Telopeptide, Serum	#140830	\$108.00	\$72.00
N-Telopeptide, Urine	#141093	\$63.75	\$42.50
Pregnancy Test, Urine	004036	\$10.20	\$6.80
Pregnenolone, MS	#140707	\$99.00	\$66.00
Progesterone	#004317	\$18.90	\$12.60
Prolactin	#004465	\$13.50	\$9.00
Prostate-Specific Ag	#010322	\$15.00	\$10.00
Prothrombin Time (PT)	#005199	\$6.00	\$4.00
PSA Total+% Free	#480947	\$36.90	\$6.80
PT and PTT	#020321	\$12.00	\$66.00
PTT, Activated	#005207	\$6.00	\$12.60
Rh Factor	#006064	\$12.00	\$9.00
Rheumatoid Factor (RF)	#006502	\$15.00	\$10.00
Sedimentation Rate-Westergren	#005215	\$13.50	\$4.00
Sex Hormone Binding Glob, Serum	#082016	\$90.00	\$24.60
T4 and TSH	#024026	\$21.90	\$8.00
Testosterone	#004226	\$14.10	\$4.00
Testosterone Free MS/Dialysis	#500726	\$142.50	\$8.00
Testosterone LCMS on Treatment	#503740	\$68.25	\$10.00
Testosterone, F Equilib+T LC/MS	#070038	\$141.00	\$9.00
Testosterone, Free, Direct	#144980	\$30.00	\$60.00
Testosterone, Free /Tot Equilb	#081786	\$44.10	\$14.60
Testosterone Free and Total	#140103	\$44.10	\$9.40
Thyroid Cascade Profile	#330015	\$9.00	\$95.00
Thyroxine(T4)	#001149	\$12.90	\$45.50
Thyroxine(T4)Free, Direct	#001974	\$12.90	\$94.00
Transferrin	#004937	\$12.30	\$20.00
Triiodothyronine(T3)	#002188	\$14.40	\$29.40
Triiodothyronine(T3),Free	#010389	\$14.10	\$29.40

TSH	#004259	\$9.00	\$6.00
TSH+FreeT4	#224576	\$21.90	\$14.60
T-Transglutaminase (tTG) IgA	#164640	\$81.60	\$54.40
T-Transglutaminase (tTG) IgG	#164988	\$75.00	\$50.00
Uric Acid	#001057	\$6.75	\$4.50
Vitamin B12	#001503	\$12.00	\$8.00
Vitamin B12 and Folate	#000810	\$24.00	\$16.00
Vitamin B12 Deficiency Cascade	#141503	\$12.00	\$8.00
Vitamin D- Hydroxy	#081950	\$45.00	\$30.00

Functional Health: Diagnostics

GI Effects Comprehensive Profile--#2200 1 Day

Price: \$599.00

Profile Components

CPT Codes

DNA NOS Amplified Probe	87798
Assay Test for Blood, Fecal	82274
Col-Chr/MS Quan 1 Stationary&Mobile Phases NES	82542
Secretory IgA	82784
Long Chain Fatty Acids	82725
Cholesterol, Phospholipids & Triglycerides	82715
Parasitology Identification, Concentrate	87177
Parasitology Identification, Trichrome Stain	87209
Parasite, Multiplex PCR	87505
Cryptosporidium, PCR	
Entamoeba histolytica, PCR	
Giardia lamblia, PCR	
Cyclospora, PCR	
Calprotectin	83993
Eosinophil Protein X (EPX)	83520
Bacteriology, Aerobic	87045
Bacteriology, Aerobic	87046
B-Glucuronidase	84311
Bacteriology, Anaerobic	87075
Yeast Culture	87102
Pancreatic Elastase	82653

**** Membership Pricing ****

\$579.00

GI Effects Comprehensive Profile--#2200 3 Day

Price

\$599.00

Profile Components

CPT Codes

DNA NOS Amplified Probe	87798
Assay Test for Blood, Fecal	82274
Col-Chr/MS Quan 1 Stationary&Mobile Phases NES	82542
Secretory IgA	82784
Long Chain Fatty Acids	82725
Cholesterol, Phospholipids & Triglycerides	82715
Parasitology Identification, Concentrate	87177
Parasitology Identification, Trichrome Stain	87209
Parasite, Multiplex PCR	87505
Cryptosporidium, PCR	
Entamoeba histolytica, PCR	
Giardia lamblia, PCR	
Cyclospora, PCR	
Calprotectin	83993
Eosinophil Protein X (EPX)	83520
Bacteriology, Aerobic	87045
Bacteriology, Aerobic	87046
B-Glucuronidase	84311
Bacteriology, Anaerobic	87075
Yeast Culture	87102
Pancreatic Elastase	82653

Membership Rate

\$579.00

Membership Rate

\$579.00

Functional Health: Diagnostics

NutrEval (FMV Amino Acids with Nutrient & Toxic Elements)

Profile Components

Essential & Metabolic Fatty Acids
Behenic Acid
Docosatetraenoic Acid
Lignoceric Acid
Nervonic Acid
Tricosanoic Acid
Amino Acids Analysis, Urine
Glutathione
Lipid Peroxides, Urine

CPT Codes

82542
82726
82726
82726
82726
82726
82139
82978
84311

Price

\$599.00

Membership Rate

\$579.00

**Membership
Rate
\$579.00**

Nutrient & Toxic Elements

Cadmium
Copper
Lead
Magnesium
Manganese
Potassium
Zinc
Mercury
Arsenic
8-OHdG
Coenzyme Q10 (Ubiquinone)

82300
82525
83655
83735
83785
84132
84630
83825
82175
82542
82542

Organic Acids Markers

Creatinine, Urine
Citric Acid
Lactic Acid
Pyruvic Acid
Vanilmandelic Acid
Homovanillic Acid
5-OH-Indoleacetic Acid

82570
82507
83605
84210
84585
83150
83497
83921

Organic Acids

x 19 / 2
D-Arabinitol
Oxalate

84311
83945
82306

Add-Ons

Vitamin D
MTHFR (C677T & A1298C)**
COMT (V158M)**
APOE**
TNF-a**

Functional Health: Diagnostics

NutrEval (Plasma Amino Acids)*

Profile Components

Essential & Metabolic Fatty Acids
Behenic Acid
Docosatetraenoic Acid
Lignoceric Acid
Nervonic Acid
Tricosanoic Acid
Amino Acids Analysis, Plasma
Glutathione
Lipid Peroxides, Urine

CPT Codes

82542
82726
82726
82726
82726
82726
82139
82978
84311

Price

\$599.00

Membership Rate

\$579.00

**Membership
Rate
\$579.00**

Nutrient & Toxic Elements

Cadmium
Arsenic
Copper
Lead
Magnesium
Manganese
Mercury
Potassium
Zinc
8-OHdG
Coenzyme Q10 (Ubiquinone)

82300
82175
82525
83655
83735
83785
83825
84132
84630
82542
82542

Organic Acids Markers

Creatinine, Urine
Citric Acid
Lactic Acid
Pyruvic Acid
Vanilmandelic Acid
Homovanillic Acid
5-OH-Indoleacetic Acid

82570
82507
83605
84210
84585
83150
83497
83921

Organic Acid

D-Arabinitol
Oxalate

84311
83945

Add-Ons

Vitamin D
82306
MTHFR (C677T & A1298C)**
COMT (V158M)**



Gershon Preventative Medicine

Insurance Coverage Note

Gershon Preventative Medicine does not participate in insurance programs. As a result, we are not responsible for completing authorization requests or submitting claims to insurance providers. Patients who choose to submit claims to their insurers do so at their own risk.

Cancellation/Rescheduling Policy

Appointments Cancellation: If you need to cancel or reschedule an appointment, please notify us at least 24 hours in advance. Appointments canceled with less than 24 hours' notice are subject to a \$50 late cancellation/no-show fee.

Lab Appointments and Orders

Payment for Laboratory Tests: Payment for all lab tests is required at the time the order is placed. Responsibility for Test Completion : Once lab orders are issued, it is the patient's responsibility to complete these tests. Gershon Preventative Medicine is not accountable for the patient's decision to proceed with or forego any lab tests.
LabCorp Facilities Requirement : All lab tests must be conducted at LabCorp facilities only.

Office Contact Information:

Phone or Text: (757) 693-9367

Email: Info@Gershonpreventative.com

Gershonpreventative.com



www.Gershonpreventative.com

CONTACT US
757-693-9367
Info@Gershonpreventative.com

Gershon Preventative Medicine

Weight Loss Program and Pricing Overview

** Membership Rate



Health and Weight Loss Consultation

\$299.00

**Membership Rate: \$0

- ✓ 60-minute consultation with a licensed and certified provider.
- ✓ Comprehensive review of health history and weight loss goals
- ✓ Necessary Labs included
- ✓ Customized Health and Medication Plan
- ✓ Patient Education to start

Semaglutide Plan

Once-weekly Injectable Medication

\$699/Mo.

Membership Rate: \$599.00

- ✓ Medication Included- Compounded Semaglutide
- ✓ Includes Titration Schedule, Syringes and Alcohol Swabs
- ✓ Direct Shipping to the Patient
- ✓ Patient Support
- ** 3 Month commitment

Phentermine Plan

Once-daily oral prescription

\$200/Mo

2 Month commitment

Membership Rate: \$175.00

- ✓ Medication Included-

Follow-up Appointments

Required every 90-days for medication management

\$99/visit **

**Membership Rate: \$50.00

- ✓ Patients on medication are to be seen every 90-days to be eligible for auto-refills.
- ✓ Telehealth or in-person

