

CCHCS CLINIC FEES

RECORD RELEASES-ALL CLINICS

Proper Authorization to release information from the patient is ALWAYS required!!!

- 1) Duplicate Immunizations shot records must be approved by a supervisor or designee
- 2) All clinics' duplicate record/chart requests are time sensitive and must be tracked before they are released
- 3) See Healthcare Coordinator, Healthcare Administrator, or designee for protocol

Continuity of Care Requests (i.e. a doctor's office requesting a record with proper/complete patient release of information form) are provided at no charge	\$0.00
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Paper Record Request (1-20 pages)	\$5	Paper Record Request (21+ pages)	\$5 + \$.50 for each page over 20*
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EMPLOYEE HEALTH CLINIC

Sick Visit-State Employee Co-Pay	\$20	Well Women Clinic-State Employee Co-Pay	\$20
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IMMUNIZATION CLINIC

All Vaccine Prices Subject to Availability

Public Health Visit – Immunizations	\$0.00
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Public Health Emergency Vaccines (JYNNEOS, etc.)	\$0.00
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PRIVATE PAY (PP)

Price

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Price

DTaP CHILD	\$40	Influenza (Medicare Eligible) –need insurance card and all info for billing ADULT	\$0.00
DTaP - HepB – IPV (Pediatrix) CHILD	\$90	IPV CHILD / ADULT	\$65
DTaP – Hib – IPV (Pentacel) CHILD	\$150	Meningitis CHILD / ADULT	\$175
DTaP - IPV (Kinrix) CHILD	\$65	MMR CHILD / ADULT	\$150
Haemophilus influenza type b (Hib) CHILD	\$40	Pneumococcal Conjugate (PCV15) CHILD	\$250
Hepatitis A (2 dose series) ADULT	\$90	Pneumococcal (PCV20) ADULT	\$250
Hepatitis A (2 dose series) CHILD	\$65	Pneumococcal (PPV23) CHILD / ADULT	\$125
Hepatitis B (3 dose series) ADULT	\$90	Tdap CHILD / ADULT	\$65
Hepatitis B (3 dose series) CHILD	\$65	Tetanus – diphtheria (Td) CHILD / ADULT	\$40
Immune Globulin (per vial) CHILD / ADULT	\$600	Twinrix (Hep A & B)(3 dose series) ADULT	\$125
Influenza (Non Medicare Eligible) ADULT	\$40	Varicella (Chickenpox) CHILD / ADULT	\$200
Influenza CHILD	\$40		

ADULT SAFETY NET (ASN)

Price

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Price

COVID-19	\$0	Pneumococcal (PPSV23)	\$20
Hepatitis A	\$20	Shingles*	\$20
Hepatitis B (3 dose series)	\$20	Td	\$20
HPV (3 dose series)	\$20	Tdap	\$20
Influenza (Inactive DSHS Program)	\$10	Twinrix (3 dose series)*	\$20
Meningitis (MCV4)	\$20	Varicella	\$20
MMR	\$20		

< 18 YEARS OF AGE IMMUNIZATION FEE SCHEDULE – VFC ADMINISTRATION FEES

Annual Income	Monthly Income	Administration Fee
\$0 - \$16,020	\$0.0-\$1,335	\$0.00
\$16,021 - \$24,300	\$1,336-\$2,025	\$5
\$24,301 - \$32,580	\$2,026-\$2715	\$10
\$32,581 +	\$2,716 +	\$13

STD CLINIC (Patients will not be refused STD services due to inability to pay)

Office visit -- STD (HIV, Syphilis, Chlamydia, Gonorrhea, Female only: Trichomonas and Yeast)	\$30	HPV Lesions (any quantity)	\$30
Public Health Visit --- STD Clinic	\$0.00	I-693 Visit for STD Clinic (Immigration)	\$200
Herpes Lab Work	\$100	HIV Lab Fee – 24 hr results	\$30
Hepatitis Profile – 24 hr results	\$100	RPR Lab Fee – 24 hr results	\$30

TB Clinic

New Office Visit Fee	\$80	I-693 Office Visit	\$200
LTBI Follow-Up Visit (includes meds/labs)	\$0.00	IGRA (T-Spot)	\$150
Public Health Visit-TB Clinic	\$0.00	TST (< 5 yrs and/or clinician's request only)	\$75
DOT Visit (Public Health Visit)	\$0.00		

TB CASES, TB SUSPECT, & CONTACTS TO A TB CASE / SUSPECT ARE NOT CHARGED FOR ANY TB CLINIC SERVICE. PATIENTS WILL NOT BE REFUSED TB SERVICES DUE TO INABILITY TO PAY!

*This fee will be rounded down to the nearest dollar.