

CCHCS CLINIC FEES

RECORD RELEASES-ALL CLINICS			
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
Paper & Electronic Record Request (1-20 pages)	\$5	Paper & Electronic Record Request (21+ pages)	\$5 + .50 for each page over 20*
Electronic Record Request (21-500 pages)	\$25	Electronic Record Request (501+ pages)	\$50
Affidavit for Records Request	\$15		
LETTER OF NON-CONTAGIOUS DISEASE			
Letter of Non-Contagious Disease			\$20
EMPLOYEE HEALTH CLINIC			
Sick Visit-State Employee Co-Pay	\$20	Well Women Clinic-State Employee Co-Pay	\$20
IMMUNIZATION CLINIC			
Public Health Visit – Immunizations			\$0.00
Public Health Emergency Vaccines			\$0.00
PRIVATE PAY (PP)	Price	PRIVATE PAY (PP)	Price
DTaP CHILD	\$50	Influenza ADULT/ CHILD	\$40
DTaP - HepB – IPV (Pediarix) CHILD	\$160	Influenza (High Dose)	\$140
DTaP - IPV (Kinrix) CHILD	\$115	IPV CHILD / ADULT	\$95
Haemophilus influenza type b (Hib) CHILD	\$40	Meningitis CHILD / ADULT	\$250
Hep A & B (Twinrix)(3 dose series) ADULT	\$200	MMR CHILD / ADULT	\$190
Hepatitis A (2 dose series) ADULT	\$150	Pneumococcal Conjugate (PCV15) CHILD	\$350
Hepatitis A (2 dose series) CHILD	\$65	Pneumococcal (PCV20) ADULT	\$380
Hepatitis B (3 dose series) ADULT	\$105	Pneumococcal (PPV23) CHILD / ADULT	\$230
Hepatitis B (3 dose series) CHILD	\$65	Tdap CHILD / ADULT	\$85
Hib	\$40	Tetanus – diphtheria (Td) CHILD / ADULT	\$80
Immune Globulin IG/GG (per vial) CHILD / ADULT	\$700	Varicella (Chickenpox) CHILD / ADULT	\$300
ADULT SAFETY NET (ASN)	Price	ADULT SAFETY NET (ASN)	Price
Hepatitis A	\$20	Shingles*	\$20
Hepatitis B (3 dose series)	\$20	Td	\$20
HPV (3 dose series)	\$20	Tdap	\$20
Meningitis (MCV4)	\$20	Twinrix (3 dose series)*	\$20
MMR	\$20	Varicella	\$20
Pneumococcal (PPSV23)	\$20		
< 18 YEARS OF AGE IMMUNIZATION FEE SCHEDULE – VFC ADMINISTRATION FEES			
Annual Income	Monthly Income	Administration Fee per Vaccine	
\$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)			
STD Clinic – Office Visit (Includes Lab Testing)	\$30	Hepatitis Profile	\$100
Public Health Visit --- STD Clinic	\$0.00		
TB Clinic			
TB Clinic – LTBI Evaluation	\$80	Public Health Visit-TB Clinic	\$0.00
LTBI Follow-Up Visit (includes meds/labs)	\$0.00	DOT Visit (Public Health Visit)	\$0.00
TB cases, TB suspect cases, and contacts to a TB case / suspect case are not charged for any TB service. Patients will not be refused TB service due to inability to pay.			

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

Updated 10/1/2026