COLLIN COUNTY HEALTHCARE SERVICES
IMMUNIZATION FEE SCHEDULE
AS OF 10-01-2016

DTaP – Child	$ 40.00/dose
DTaP, Hepatitis B, IPV – (Pediarix) - Child	$ 90.00/dose
DTaP, Hib, IPV (Pentacel) – Child	$ 90.00/dose
DTaP, IPV (Kinrix) – Child	$ 65.00/dose
Chickenpox (Varicella)	$ 150.00/dose
Hepatitis A (2 dose series) - Adult	$ 90.00/dose
Hepatitis A (2 dose series) - Child	$ 65.00/dose
Hepatitis B (3 dose series) - Adult	$ 90.00/dose
Hepatitis B (3 dose series) - Child	$ 65.00/dose
Hepatitis A & B (Twinrix) (3 dose series) - Adult	$ 125.00/dose
Haemophilus influenzae type b (Hib)	$ 40.00/dose
Immune Globulin	$ 150.00/vial
Influenza – Child	$ 40.00/dose
Influenza – Adult - Non-Medicare	$ 40.00/dose
Influenza – Qualifying Medicare	$ No Charge
Measles/Mumps/Rubella (MMR)	$ 90.00/dose
Meningococcal	$ 125.00/dose
Pneumococcal (Pneumonia) – PVC13	$ 200.00/dose
Pneumococcal (Pneumonia) – PPV23	$ 125.00/dose
Polio (IPV)	$ 40.00/dose
Tdap	$ 65.00/dose
Tetanus (Td)	$ 40.00/dose
Tuberculosis Blood Test (IGRA)	$ 150.00/test
Tuberculosis Skin Test (patients < 5 yrs old only)	$ 75.00/test

We accept cash or in-state checks, Visa & Mastercard.
A separate surcharge will apply when paying by Credit Card