

**SUMMIT COUNTY HEALTH DISTRICT
NURSING DIVISION
CLINIC FEE SCHEDULE
EFFECTIVE JANUARY 1, 2009**

SERVICE TYPE	FEE
BUS DRIVER	
Physical-New Patient Yearly	\$75.00
Age 18-39	
Age 40-64	
Revisit-Yearly Physical	\$75.00
Age 18-39	
Age 40-64	
Recert/Revisit	\$37.00
Drug Testing Processing Fee	\$15.00
Laboratory tests*	
CLINIC SERVICES	
Blood Pressure	\$ 15.00
Hearing Screening	\$15.00
Contract Hearing Screening (includes threshold screening) Stand Alone Fee	\$25.00
Vision Screening	\$15.00
Contract Vision Screening (includes color blindness screening) Stand Alone Fee	\$25.00
Lice Comb	\$ 5.00
Mantoux (TB Skin Test)	\$15.00
Two step Mantoux (TB Skin Test)	\$25.00
On-site services	\$50.00
LABORATORY	
Hemacue	\$15.00
HIV-OraSure	\$25.00
Pregnancy Test	\$10.00
Specimen Collection Venous	\$10.00
Specimen Collection Capillary	\$ 10.00
Specimen Collection Vaginal	\$10.00
Stool Specimen	\$10.00
Urinalysis (Dip Stick Test/Micro)	\$ 15.00
Glucose Blood Stick	\$10.00
*Other laboratory tests charged according to current fee schedule from laboratory.	

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SERVICE TYPE	FEE
NURSE ONLY CODES	
Initial Assessment	\$25.00
Brief Assessment	\$20.00
Travel Consultation Fee	\$50.00
Brief Travel Consultation Fee	\$25.00
VACCINE*	
Administration Per Vaccine	\$12.00
Vaccine Administration Fee—2 or more	\$12.00 Each
Administration Fee Intranasal or Oral	\$12.00
Travel Consultation Fee	\$50.00
Hepatitis A Vaccine	\$28.00
Hepatitis A Vaccine (Pediatric)	\$23.00
Hepatitis B Vaccine	\$33.00
Hepatitis A/B Combined Vaccine	\$58.00
Influenza Vaccine (includes administration)	\$25.00
Influenza Vaccine-6-35 mos. (administration fee only)	\$12.00
FluMist	\$25.00
Gardasil	\$163.00
Meningococcal Conjugate Menactra	\$123.00
Meningococcal Vaccine Polysaccharide	\$128.00
MMR Vaccine (Adult)	\$63.00
Pneumococcal Vaccine (Adult)	\$38.00
Polio (Adult)	\$33.00
Prevnar (Pneumococcal 7) Vaccine	\$113.00
Rabies Vaccine	\$213.00
Rotarix	\$123.00
Rototeg	\$93.00
Td Vaccine Decavac (Adult)	\$28.00
Adacel (Tdap)	\$48.00
Boostrix (Tdap)	\$48.00
Typhoid	\$58.00
Varivax	\$108.00
Yellow Fever	\$98.00
Zostavax	\$203.00

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SERVICE TYPE	FEE
CHILD HEALTH/IMMUNIZATIONS	
Comprehensive Physical – New Patients	
Under 1 year of age	\$70.00
1-4 years of age	\$80.00
5-11 years of age	\$80.00
12-17 years of age	\$85.00
Comprehensive Physical – Established Patients	
Under 1 year of age	\$65.00
1-4 years of age	\$75.00
5-11 years of age	\$75.00
12-17 years of age	\$80.00
Initial Assessment	\$25.00
Brief Assessment	\$20.00
Vaccine Administration/One vaccine	\$12.00
Vaccine Administration /each additional	\$12.00
Mantoux (TB Skin test)	\$15.00
Two step Mantoux (TB Skin test)	\$25.00
Denver Developmental Screen	\$35.00
Health Education	\$45.00
Hearing Screening	\$15.00
PRENATAL	
New Patient Visit	\$75.00
Nurse Only Revisit	\$25.00
Established Patient Visit	\$60.00
Counseling and education – 30 minutes	\$50.00
Counseling and education – 60 minutes	\$85.00
Risk Assessment	\$25.00
Care Coordination	\$25.00
Rhogam	\$140.00
Antepartum Management	\$25.00
Nutritional Intervention	\$30.00
Depo-Provera	\$95.00
Individual Prenatal At-Risk Education	\$25.00