

Hidalgo County Health and Human Services Department
FULL PAY CLIENT'S PAYMENT SCHEDULE

HCHHSD Family Planning/Wellness Health Programs:

Family Planning(Female/Male) & Wellness Health Physical Exam for Female & Males:

(All appropriate labs included)----- \$50.00

Family Planning for age 25 and under ----- \$25.00

Repeat Lab Fees:

Pap Smear ----- \$ 35.00

CT/GC ----- \$ 35.00

RPR ----- \$ 5.00

HIV ----- \$10.00

Glucose Serum ----- \$ 5.00

Rubella----- \$ 5.00

IUD Removal----- \$ 20.00

Family Planning Supplies:

Depo Provera (one injection) ----- \$ 30.00

Foam (one) ----- \$ 0.00

Condoms (Only 24 every 3 months) ----- **\$ 0.00**

WALK-IN SERVICES:

Pregnancy Test ----- **\$ 0.00**

Newborn Screen ----- \$15.00

TB Skin Test (TST) (to include reading) ----- \$15.00

Copy of Record/Imm/IMMTRAC/TST Card -- ----- \$ 5.00

Flu Vaccine (Private)----- \$15.00

Fees for Department purchased vaccines will be based on the purchase and administration charges.

PRENATAL (non-Title V/Medicaid/CHIP):

Prenatal Intake (In-House Lab Only)----- \$ 30.00

Prenatal Physical Exam

Pap Smear ----- \$ 35.00

CT/GC ----- \$ 35.00

Prenatal Panel (HIV/Rubella/HepB/RPR) ----- \$ 30.00

RH ----- \$ 5.00

QUAD ----- \$35.00

Glucose Serum ----- \$ 5.00

3 Hr. GTT ----- \$ 20.00

Prenatal Return Visit ----- \$ 10.00

Prenatal Supplies:

Prenatal Vitamins ----- \$ 5.00

Iron ----- \$ 5.00

CHILD HEALTH (non-Title V/Medicaid/CHIP):

Child Health Physical Exam (0-20 yrs) ----- \$ 30.00

Lead Screen ----- \$ 15.00

Electrophoresis ----- \$ 15.00

Note: Immunizations & PPD are part of the CH PE as per the periodicity schedule/recommendations.

STD Program:

STD OV/Intake (to include HIV & RPR) ----- \$ 10.00

STD PE (HIV, RPR & TX) ----- \$ 25.00

STD FU/Intake (RPR, HIV & Treatment) ----- \$ 10.00

***Note:** Fees for Family Planning, Prenatal & Child Health above are for clients that do not comply with program screening processes (Medicaid/CHIP/WHP). **In addition**, HCHHSD Family Planning (non-Medicaid/WHP) & Wellness Health; and, STD & Walk-In clients (one time service) are set fees as above.

CHARGES WILL BE COLLECTED PER ESTABLISHED GUIDELINES IN THE SCREENING, BILLING & CO-PAY MANUAL!

Hidalgo County Health and Human Services Department
INCOME GUIDELINES AND SCHEDULE OF CHARGES - SLIDING FEE SCHEDULE
IMMUNIZATIONS
 (Monthly Income)

Family Size	0 – 100 %	101 – 185 %	186 – 200 %	201 % & Over
1	\$0 - \$931.00	\$932.00 - \$1723.00	\$1724.00 - \$1862.00	\$1,863.00
2	\$0 - \$1261.00	\$1262.00 - \$2333.00	\$2234.00 - \$2522.00	\$2,523.00
3	\$0 - \$1591.00	\$1592.00 - \$2944.00	\$2945.00 - \$3182.00	\$3,183.00
4	\$0 - \$1921.00	\$1922.00 - \$3554.00	\$3555.00 - \$3842.00	\$3,843.00
5	\$0 - \$2251.00	\$2252.00 - \$4165.00	\$4166.00 - \$4502.00	\$4,503.00
6	\$0 - \$2581.00	\$2582.00 - \$4775.00	\$4776.00 - \$5162.00	\$5,163.00
7	\$0 - \$2911.00	\$2912.00 - \$5386.00	\$5387.00 - \$5822.00	\$5,823.00
8	\$0 - \$3241.00	\$3242.00 - \$5996.00	\$5997.00 - \$6482.00	\$6,483.00
FEE PER VACCINE	\$5.00	\$5.00	\$10.00	\$14 Max Charge

DO NOT COLLECT ON ANY PREVIOUS BALANCES.

ADULT IMMUNIZATION EXPANSION PROGRAM \$14 PER VACCINE

This schedule shall be used to determine if a client is eligible to pay in accordance with the Eligibility Guidelines: however, services shall not be denied due to inability to pay.

Hidalgo County Health and Human Services
Income Guidelines & Schedule Of Charges - **SLIDING FEE SCHEDULE**
TITLE V & NON TITLE V CLIENTS INCLUDING TUBERCULOSIS CLIENTS

Family Size	TITLE V ELIGIBLE CLIENTS		NON TITLE V CLIENTS	
	0 – 100 %	101 – 185 %	186 – 200 %	201 % & Over
1	\$0 - \$931.00	\$932.00 - \$1723.00	\$1724.00 - \$1862.00	\$1,863.00
2	\$0 - \$1261.00	\$1262.00 - \$2333.00	\$2234.00 - \$2522.00	\$2,523.00
3	\$0 - 1591.00	\$1592.00 - \$2944.00	\$2945.00 - \$3182.00	\$3,183.00
4	\$0 - \$1921.00	\$1922.00 - \$3554.00	\$3555.00 - \$3842.00	\$3,843.00
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7	\$0 - \$2911.00	\$2912.00 - \$5386.00	\$5387.00 - \$5822.00	\$5,823.00
8	\$0 - \$3241.00	\$3242.00 - \$5996.00	\$5997.00 - \$6482.00	\$6,483.00
CHARGE	NO COPAY	25 %	30 %	Full Pay
TB CLIENTS	NO COPAY	25 %	25 %	25 %

Copay will be assessed based on (but not to exceed) allowed percentage of the total visit charge.

DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM.

TUBERCULOSIS COPAY assessment: TB clients 0-100% No Copay; TB clients at 101% & over, copay is 25% of the total visit charge.

- NO COPAY FOR CONTACT INVESTIGATIONS, PPD's, OR DOT's
- NO COPAY ON INITIAL NURSE ONLY
- COPAY WILL BE ASSESSED ON PHYSICIAN E/M VISITS
- COPAY WILL BE ASSESSED ONCE A MONTH ONLY (MONTHLY TOXICITY)

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