

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

(Effective Sept. 1, 2013)

| HCHHSD Family Planning / Wellness Health Programs: | |
|---|----------|
| Family Planning / Wellness Intake (Female / Male) ----- | \$ - |
| (Vitals Only / No Lab) | |
| Family Planning (Female / Male) & Wellness Health Physical Exam (Female / Male): | |
| (All appropriate labs included) ----- | \$ 50.00 |
| Family Planning for female age 25 and under----- | \$ 25.00 |
| Repeat / Follow Up Lab Fees (Female / Male): | |
| 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) ----- | \$ - |
| Condoms (Only 24 every 3 months) ----- | \$ - |

| Walk-In Services: | |
|--|----------|
| Pregnacy Test ----- | \$ - |
| Newborn Screen ----- | \$ 35.00 |
| 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) ----- | \$ 10.00 |
| Prenatal Physical Exam: | |
| Pap Smear ----- | \$ 25.00 |
| CT / GC ----- | \$ 35.00 |
| Prenatal Panel (ABO/Type/Rubella/HepB/RPR) - | \$ 30.00 |
| HIV ----- | \$ 10.00 |
| QUAD ----- | \$ 35.00 |
| Glucose Serum ----- | \$ 5.00 |
| 3 Hr. GTT ----- | \$ 20.00 |
| Prenatal Return Visit ----- | \$ 10.00 |
| Prenatal Supplies: | |
| Prenatal Vitamins ----- | \$ - |
| Iron ----- | \$ - |

| CHILD HEALTH (Non-Title V / Medicaid / CHIP): | |
|--|----------|
| Child Health Physical Exam (0 - 20 yrs) ----- | \$ 30.00 |
| Lead Screen ----- | \$ 15.00 |
| Note: | |
| Immunizations & PPD are part of the CH PE as per the periodicity schedule / recommendations. | |

| STD Program (For All Clinics as per STD Guidelines): | |
|---|----------|
| 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 client (one-time service) are set fees as above.

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

