

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

(Effective April 17, 2018)

<p>HCHHSD Family Planning / Wellness Health Programs:</p> <p>Family Planning / Wellness Intake (Female / Male) ----- \$ - (Vitals Only / No Lab)</p> <p>Family Planning (Female / Male) & Wellness Health Physical Exam (Female / Male): (All appropriate labs included) ----- \$ 50.00</p> <p>Family Planning for female age 25 and under----- \$ 25.00</p> <p>Repeat / Follow Up Lab Fees (Female / Male):</p> <p style="padding-left: 20px;">Pap Smear ----- \$ 35.00 CT / GC ----- \$ 35.00 RPR ----- \$ 5.00 CBC ----- \$ 5.00 HIV ----- \$ 10.00 Glucose Serum ----- \$ 5.00 Rubella ----- \$ 5.00 IUD Removal ----- \$ 20.00</p> <p>Family Planning Supplies:</p> <p style="padding-left: 20px;">Depo Provera (one injection) ----- \$ 30.00 Foam (one) ----- \$ - Condoms (Only 24 every 3 months) ----- \$ -</p> <p>Walk-In Services:</p> <p style="padding-left: 20px;">Pregnancy 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 - Quadrivalent (Private) ----- \$ 20.00</p> <p style="font-size: small;">Fees for Department purchased vaccines will be based on the purchase and administration charges.</p>	<p>PRENATAL (Non-Title V / Medicaid / CHIP):</p> <p>Prenatal Intake (In-House Lab Only) ----- \$ -</p> <p>Prenatal Physical Exam:</p> <p style="padding-left: 20px;">Pap Smear ----- \$ 25.00 CT / GC ----- \$ 35.00 Prenatal Panel (ABO/Type/Rubella/HepB/RPR/CBC) - \$ 30.00 CBC ----- \$ 5.00 HIV ----- \$ 10.00 QUAD ----- \$ 35.00 Glucose Serum ----- \$ 5.00 3 Hr. GTT ----- \$ 20.00 Glucose 50 gm Venous(1hr CHO)----- \$ 5.00</p> <p>Repeat / Follow Up Lab Fees (Apply same fees as above)</p> <p>Prenatal Return Visit ----- \$ -</p> <p>Prenatal Supplies:</p> <p style="padding-left: 20px;">Prenatal Vitamins ----- \$ - Iron ----- \$ -</p>
<p>CHILD HEALTH (Non-Title V / Medicaid / CHIP):</p> <p>Child Health Physical Exam (0 - 20 yrs) ----- \$ 30.00 Lead Screen ----- \$ 10.00 Total Hemoglobin ----- \$ 3.00 Total Cholesterol ----- \$ 3.00 Glucose Fasting ----- \$ 3.00</p> <p>Note: Immunizations & PPD are part of the CH PE as per the periodicity schedule / recommendations.</p> <p style="padding-left: 20px;">STD (OV/Intake (to include HIV & RPR) ----- \$ 10.00 STD PE (HIV, RPR & TX) ----- \$ 25.00 STD FU/Intake (RPR, HIV & Treatment) ----- \$ 10.00</p>	

* **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 Prenatal, 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.

