



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

(Effective April 1, 2021)

<b>HCHHSD Family Planning / Wellness Health Programs:</b>	
<b>Family Planning / Wellness Intake (Female / Male) -----</b>	\$ -
(Vitals Only / No Lab)	
<b>Family Planning (Female / Male) &amp; Wellness Health Physical Exam (Female / Male):</b>	
(All appropriate labs included) -----	\$ 50.00
<b>Family Planning for female age 25 and under-----</b>	\$ 25.00
<b>Repeat / Follow Up Lab Fees (Female / Male):</b>	
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
<b>Family Planning Supplies:</b>	
Depo Provera (one injection) -----	\$ 30.00
Condoms (Only 24 every 3 months) -----	\$ -
<b>Walk-In Services:</b>	
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
Fees for Department purchased vaccines will be based on the purchase and administration charges.	

<b>PRENATAL :</b>	
Prenatal Intake (In-House Lab Only) -----	\$ -
Prenatal Physical Exam:	\$ 25.00
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
<b>Repeat / Follow Up Lab Fees ( Apply same fees as above)</b>	
<b>Prenatal Return Visit -----</b>	\$ 10.00
<b>Prenatal Supplies:</b>	
Prenatal Vitamins -----	\$ -
Iron -----	\$ -
<b>CHILD HEALTH : (For Child Health lab fees use same fees as above)</b>	
Child Health Physical Exam (0 - 20 yrs) -----	\$ 25.00
Lead Screen -----	\$ 10.00
Total Hemoglobin -----	\$ 3.00
Total Cholesterol -----	\$ 3.00
Glucose Fasting -----	\$ 3.00
Note: Immunizations & PPD are part of the CH PE as per the periodicity schedule / recommendations.	
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 Prenatal, Family Planning (non-Medicaid/WHP), Wellness Health ,STD, and 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.**