

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

(Effective May 23, 2022)

HCHHSD Family Planning / Wellness Health Programs:		PRENATAL :	
Family Planning / Wellness Intake (Female / Male) -----	\$ -	Prenatal Intake (In-House Lab Only) -----	\$ -
(Vitals Only / No Lab)		Prenatal Physical Exam:	\$ 25.00
Family Planning (Female / Male) & Wellness Health Physical Exam (Female / Male):		Pap Smear -----	\$ 25.00
(All appropriate labs included) -----	\$ 50.00	CT / GC -----	\$ 35.00
Family Planning for female age 25 and under-----	\$ 25.00	Prenatal Panel (ABO/Type/Rubella/HepB/RPR/CBC) -	\$ 30.00
Repeat / Follow Up Lab Fees (Female / Male):		CBC -----	\$ 5.00
Pap Smear -----	\$ 35.00	HIV -----	\$ 10.00
CT / GC -----	\$ 35.00	QUAD -----	\$ 35.00
RPR -----	\$ 5.00	Glucose Serum -----	\$ 5.00
CBC -----	\$ 5.00	3 Hr. GTT -----	\$ 20.00
HIV -----	\$ 10.00	Glucose 50 gm Venous(1hr CHO)-----	\$ 5.00
Glucose Serum -----	\$ 5.00	Repeat / Follow Up Lab Fees (Apply same fees as above)	
Rubella -----	\$ 5.00	Prenatal Return Visit -----	\$ 10.00
IUD Removal -----	\$ 20.00	Prenatal Supplies:	
Family Planning Supplies:		Prenatal Vitamins -----	\$ -
Depo Provera (one injection) -----	\$ 30.00	Iron -----	\$ -
Condoms (Only 24 every 3 months) -----	\$ -	CHILD HEALTH : (For Child Health lab fees use same fees as above)	
Walk-In Services:		Child Health Physical Exam (0 - 20 yrs) -----	\$ 25.00
Pregnancy Test -----	\$ -	Lead Screen -----	\$ 10.00
Newborn Screen -----	\$ 35.00	Total Hemoglobin -----	\$ 3.00
TB Skin Test (TST) (to include reading) -----	\$ 15.00	Total Cholesterol -----	\$ 3.00
Copy of Record / Imm / IMMTRAC / TST Card --	\$ 5.00	Glucose Fasting -----	\$ 3.00
Flu Vaccine - Quadrivalent (Private) -----	\$ 20.00	Note: Immunizations & PPD are part of the CH PE as per the	
Fees for Department purchased vaccines will be based on		periodicity schedule / recommendations.	
the purchase and administration charges.		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.

