

# 2024

## Hidalgo County Health and Human Services Department SELF PAY CLIENT'S FEE SCHEDULE

(Effective September 1, 2024)

### FAMILY PLANNING / WELLNESS HEALTH :

Family Planning (F/M) / Wellness Intake (F/M)	
<b>(Vitals Only / No Lab)</b>	<b>\$ -</b>
Family Planning (F/M) / Wellness Physical Exam (F/M)	
<b>(All appropriate labs included)</b>	<b>\$ 50.00</b>
Family Planning Exam	
<b>(Females 25 years and under)</b>	<b>\$ 25.00</b>

#### SUPPLIES / OTHER:

Depo Provera (one injection)	\$ 30.00
IUD Removal	\$ 20.00
Condoms (Only 24 every 3 months)	\$ -

### PRENATAL :

Prenatal Intake (In-House Labs)	\$ -
Prenatal Physical Exam	\$ 25.00
Prenatal Return Visit	\$ 10.00

#### SUPPLIES / OTHER:

Prenatal Vitamins	\$ -
Iron	\$ -

### CHILD HEALTH :

Child Health Physical Exam (0 - 20 yrs)	\$ 25.00
Child Health Return Visit	\$ 10.00

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

### STI :

STD (OV / Intake (to include HIV & RPR)	\$ 10.00
STD PE (HIV, RPR & TX)	\$ 25.00
STD FU/Intake (RPR, HIV & Treatment)	\$ 10.00

### OTHER SERVICES :

Pregnancy Test	\$ -
Copy of Record / IMM / ImmTrac / TST Card	\$ 5.00
Newborn Screening	\$ 35.00
TB Skin Test (to include Reading)	\$ 15.00

### LABS :

Papsmear	\$ 35.00	Glucose Venous	\$ 5.00
CT/GC	\$ 35.00	3 Hr. GTT	\$ 20.00
RPR	\$ 5.00	Rubella	\$ 5.00
CBC	\$ 5.00	Lead Screen	\$ 10.00
HIV	\$ 10.00	Total Hemoglobin	\$ 3.00
Glucose Serum	\$ 5.00	Total Cholesterol	\$ 3.00
QUAD	\$ 35.00	Prenatal OB Panel	\$ 30.00

### IMMUNIZATIONS :

Child Vaccine Administration (TVFC)	\$ 10.00
Adult Vaccine Administration (ASN)	\$ 20.00

**NOTE:** The maximum administration fee for TVFC vaccines is \$13.75 per dose.

*\*\*TVFC Program Reference Chapter 4 : II. Administration Fee Section*

The maximum administration fee for ASN vaccines is \$25.00 per dose.

*\*\*ASN Program Reference Chapter 9 : Adult Safety Net (ASN)*

*Program B : ASN Administration Fee Section*

### PRIVATE VACCINES

Flu HD	\$65.00
Flu	\$20.00
Flublok	\$65.00
MCV4	\$145.00
TDAP	\$45.00
Shingles	\$150.00
Hep A	\$45.00
Hep B	\$50.00
MMR	\$80.00
HPV	\$ -

**SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY**

**\*\*These fees apply to Self Pay, HCHHSD Prenatal, Family Planning (non-Medicaid/WHP), Wellness Health, STD, & Walk-in clients (one-time service)\*\***

**\*\*Fees for Dept. purchased vaccines will be based on the purchase and administration charges\*\***

**FEES WILL BE COLLECTED PER ESTABLISHED GUIDELINES IN THE SCREENING, BILLING & SELF PAY MANUAL**

**WE DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM**

