

# 2024

## Hidalgo County Health and Human Services Department SELF PAY CLIENT'S FEE SCHEDULE (Effective October 21, 2024)

<b>FAMILY PLANNING / WELLNESS HEALTH :</b>	
Family Planning (F/M) / Wellness Intake (F/M) <b>(Vitals Only / No Lab)</b>	\$ -
Family Planning (F/M) / Wellness Physical Exam (F/M) <b>(All appropriate labs included)</b>	\$ 50.00
Family Planning Exam <b>(Females 25 years and under)</b>	\$ 25.00
<b>SUPPLIES / OTHER:</b>	
Depo Provera (one injection)	\$ 30.00
IUD Removal	\$ 20.00
Condoms (Only 24 every 3 months)	\$ -

<b>PRENATAL :</b>	
Prenatal Intake (In-House Labs)	\$ -
Prenatal Physical Exam	\$ 25.00
Prenatal Return Visit	\$ 10.00
<b>SUPPLIES / OTHER:</b>	
Prenatal Vitamins	\$ -
Iron	\$ -
<b>Note:</b> Immunizations & PPD Skin Test are part of the Prenatal Intake or PE.	

<b>CHILD HEALTH :</b>	
Child Health Physical Exam (0 - 20 yrs)	\$ 25.00
Child Health Return Visit	\$ 10.00
<b>Note:</b> Immunizations, PPD Skin Test, & Labs are part of the CH PE as per the periodicity schedule / recommendations.	

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

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

<b>LABS :</b>			
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

<b>IMMUNIZATIONS :</b>	
Child Vaccine Administration (TVFC)	\$ 10.00
Adult Vaccine Administration (ASN)	\$ 20.00
<b>NOTE:</b> 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	

<b>PRIVATE VACCINES</b>	
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	\$ -
<b>SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY</b>	

\*\*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**

