

2025

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

(Effective June 24, 2025)

FAMILY PLANNING / WELLNESS HEALTH :

Family Planning (F/M) / Wellness Intake (F/M)

(Vitals Only / No Lab) \$ -

Family Planning (F/M) / Wellness Physical Exam (F/M)

(All appropriate labs included) \$ 50.00

SUPPLIES / OTHER:

Depo Provera (one injection) \$ 30.00

IUD Removal \$ 20.00

Condoms (Only 24 every 3 months) \$ -

Note: Immunizations & PPD Skin Test are part of the Family Planning / Wellness Health PE.

ASN Available Vaccines: Hep A, Hep B, Hep A-HepB, MMR, MCV4, Td, Tdap, and **Private:** Flu.

PRENATAL :

Prenatal Intake (In-House Labs) \$ -

Prenatal Physical Exam \$ 25.00

Prenatal Return Visit \$ 10.00

SUPPLIES / OTHER:

Prenatal Vitamins \$ -

Iron \$ -

Note: Immunizations & PPD Skin Test are part of the Prenatal Intake or PE.

CHILD HEALTH :

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

Child Health Return Visit \$ 10.00

Note: Immunizations, PPD Skin Test, & Labs are part of the CH PE as per the periodicity schedule / recommendations.

STD :

STD Intake (to include HIV & RPR) \$ 10.00

STD Physical Exam (to include HIV & RPR) \$ 25.00

STD Office Visit \$ 10.00

STD Return Visit (to include HIV, RPR & TX) \$ 10.00

IUD Removal \$ 20.00

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

Short Term Record (L-37) \$ 10.00

LABS : 3 Hr. GTT \$ 20.00 PapSmear \$ 35.00

A1C \$ 10.00 Prenatal OB Panel \$ 30.00

CBC \$ 10.00 RPR \$ 5.00

CMP \$ 10.00 Rubella \$ 5.00

CT/GC \$ 35.00 Total Hemoglobin \$ 5.00

Glucose Serum \$ 5.00 Total Cholesterol \$ 5.00

Glucose Venous \$ 5.00 TSH \$ 10.00

HIV \$ 10.00

Lead Screen \$ 10.00

Lipid Panel \$ 10.00

CPL LABS:

Albumin Creatinine \$ 10.00

Vitamin B12 \$ 10.00

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, HCHSD 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

