

2026

Hidalgo County Health and Human Services Department

SELF PAY CLIENT'S FEE SCHEDULE

(Effective January 26, 2026)

FAMILY PLANNING / WELLNESS HEALTH :

Intake (F/M) (Vitals Only / No Lab)	\$ 10.00
Physical Exam (F/M) (All appropriate labs included)	\$ 50.00
Office Visit	\$ 10.00
Return Visit	\$ 10.00

SUPPLIES / OTHER:

Depo Provera (1inj.)	\$ 30.00	Folic Acid	\$ 10.00
IUD Removal	\$ 20.00	Iron	\$ 7.00
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 :

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

SUPPLIES / OTHER:

Prenatal Vitamins	\$ 7.00	Iron	\$ 7.00
Folic Acid	\$ 10.00		

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

CHILD HEALTH :

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

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

STD :

Intake (to include HIV & RPR)	\$ 10.00
Physical Exam (to include HIV & RPR)	\$ 25.00
Office Visit	\$ 10.00
Return Visit (to include HIV, RPR & TX)	\$ 10.00
IUD Removal	\$ 20.00

Note: Immunizations & PPD Skin Test are part of the STD PE

OTHER SERVICES :

Pregnancy Test	\$ 5.00
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	Prenatal OB Panel	\$ 30.00
A1C	\$ 10.00	Quad	\$ 35.00
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	CPL LABS:	
Lead Screen	\$ 10.00	Albumin Creatinine	\$ 10.00
Lipid Panel	\$ 10.00	Vitamin B12	\$ 10.00
PapSmear	\$ 35.00		

IMMUNIZATIONS :

Child Vaccine Administration (TVFC)	\$ 10.00
** TVFC HPV VACCINE = NO COST **	
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	TDAP	\$65.00
Flu	\$20.00	Shingles	\$250.00
Flublok	\$65.00	Hep A	\$100.00
MCV4	\$175.00	Hep B	\$75.00

SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY FOR ALL SERVICES WITH THE EXCEPTION OF PRIVATE VACCINES

****These fees apply to Self Pay HCHSD Prenatal, Family Planning, 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

