

## CCHCS CLINIC FEES

### RECORD RELEASES-ALL CLINICS

<b>Continuity of Care Requests (i.e. a doctor's office requesting a record with proper/complete patient release of information form) are provided at no charge</b>			<b>\$0.00</b>
Paper & Electronic Record Request (1-20 pages)	\$5	Paper & Electronic Record Request (21+ pages)	\$5 + \$.50 for each page over 20*
Electronic Record Request (21-500 pages)	\$25	Electronic Record Request (501+ pages)	\$50
Affidavit for Records Request	\$15		
<b>EMPLOYEE HEALTH CLINIC</b>			
Sick Visit-State Employee Co-Pay	\$20	Well Women Clinic-State Employee Co-Pay	\$20
<b>IMMUNIZATION CLINIC</b>			
<b>Public Health Visit – Immunizations</b>			<b>\$0.00</b>
<b>Public Health Emergency Vaccines</b>			<b>\$0.00</b>
<b>PRIVATE PAY (PP)</b>	<b>Price</b>	<b>PRIVATE PAY (PP)</b>	<b>Price</b>
DTaP <b>CHILD</b>	\$40	Influenza <b>ADULT/ CHILD</b>	\$40
DTaP - HepB – IPV <b>(Pediarix) CHILD</b>	\$115	Influenza <b>(High Dose)</b>	\$105
DTaP - IPV <b>(Kinrix) CHILD</b>	\$90	IPV <b>CHILD / ADULT</b>	\$75
Haemophilus influenza type b <b>(Hib) CHILD</b>	\$40	Meningitis <b>CHILD / ADULT</b>	\$175
Hep A & B <b>(Twinrix)(3 dose series) ADULT</b>	\$140	MMR <b>CHILD / ADULT</b>	\$150
Hepatitis A <b>(2 dose series) ADULT</b>	\$115	Pneumococcal Conjugate <b>(PCV15) CHILD</b>	\$325
Hepatitis A <b>(2 dose series) CHILD</b>	\$65	Pneumococcal <b>(PCV20) ADULT</b>	\$370
Hepatitis B <b>(3 dose series) ADULT</b>	\$90	Pneumococcal <b>(PPV23) CHILD / ADULT</b>	\$180
Hepatitis B <b>(3 dose series) CHILD</b>	\$65	Tdap <b>CHILD / ADULT</b>	\$65
Hib	\$40	Tetanus – diphtheria <b>(Td) CHILD / ADULT</b>	\$75
Immune Globulin IG/GG <b>(per vial) CHILD / ADULT</b>	665	Varicella <b>(Chickenpox) CHILD / ADULT</b>	\$275
<b>ADULT SAFETY NET (ASN)</b>	<b>Price</b>	<b>ADULT SAFETY NET (ASN)</b>	<b>Price</b>
Hepatitis A	\$20	Shingles*	\$20
Hepatitis B <b>(3 dose series)</b>	\$20	Td	\$20
HPV <b>(3 dose series)</b>	\$20	Tdap	\$20
Meningitis <b>(MCV4)</b>	\$20	Twinrix <b>(3 dose series)*</b>	\$20
MMR	\$20	Varicella	\$20
Pneumococcal <b>(PPSV23)</b>	\$20		
<b>&lt; 18 YEARS OF AGE IMMUNIZATION FEE SCHEDULE – VFC ADMINISTRATION FEES</b>			
<b>Annual Income</b>	<b>Monthly Income</b>	<b>Administration Fee</b>	
\$0 - \$16,020	\$0.0-\$1,335	\$0.00	
\$16,021 - \$24,300	\$1,336-\$2,025	\$5	
\$24,301 - \$32,580	\$2,026-\$2715	\$10	
\$32,581 +	\$2,716 +	\$13	
<b>STD CLINIC (Patients will not be refused STD services due to inability to pay)</b>			
STD Clinic – Office Visit (Includes Lab Testing)	\$30	Herpes Lab Work	\$100
Public Health Visit --- STD Clinic	\$0.00	Hepatitis Profile	\$100
<b>TB Clinic</b>			
New Office Visit Fee	\$80	DOT Visit (Public Health Visit)	\$0.00
LTBI Follow-Up Visit (includes meds/labs)	\$0.00	IGRA (T-Spot)	\$150
Public Health Visit-TB Clinic	\$0.00		
<b>TB cases, TB suspect cases, and contacts to a TB case / suspect case are not charged for any TB service. Patients will not be refused TB service due to inability to pay.</b>			

\*This fee will be rounded down to the nearest dollar.

Updated 10/1/2025