HAMPSHIRE COUNTY HEALTH DEPARTMENT -16189 NORTHWESTERN PIKE, AUGUSTA, WV 26704

Phone: (304) 496-9640 * Fax: (304) 496-9650 * FEIN: 55-6012362

Name: _____ Date: _____ Ins: _____

Street _____ DOB: _____ Group: _____

City, State _____ SSN: _____ ID: _____

Phone:

		Current Fee	Proposed Fee
PREVENTIVE EXAMS			
New Patients:			
99381	Initial Exam, 0-1 Years	$120.00	$ 124.00
99382	Initial Exam, 1-4 Years	$120.00	$ 129.00
99383	Initial Exam, 5-11 Years	$130.00	$ 135.00
99384	Initial Exam, 12-17 Years	$145.00	$ 153.00
99385	Initial Exam, 18-39 Years	$145.00	$ 148.00
99386	Initial Exam, 40-64 Years	$170.00	$ 172.00
99387	Initial Exam, 65+ Years	$185.00	$ 187.00
S0610	Initial Pap Exam	$155.00	$ 135.00
Established Patients:			
99391	Est. Exam, 0-1 Years	$100.00	$ 107.00
99392	Est. Exam, 1-4 Years	$100.00	$ 115.00
99393	Est. Exam, 5-11 Years	$110.00	$ 115.00
99394	Est. Exam, 12-17 Years	$125.00	$ 126.00
99395	Est. Exam, 18-39 Years	$125.00	$ 127.00
99396	Est. Exam, 40-64 Years	$150.00	$ 139.00
99397	Est. Exam, 65+ Years	$150.00	$ 156.00
S0612	Est. Pap Exam	$155.00	$ 135.00
PREVENTIVE MEDC., INDIVIDUAL COUNSELING			
99401	15 Min. Preventive Medc.	$45.00	$ 46.00
99402	30 Min. Preventive Medc.	$65.00	$ 81.00
99403	45 Min. Preventive Medc.	$80.00	$ 115.00
99404	60 Min. Preventive Medc.	$100.00	$ 150.00
PREVENTIVE MEDC., GROUP COUNSELING			
99411	30 Min. Tobacco	$30.00	$ 19.00
99412	60 Min. Tobacco	$50.00	$ 26.00
OFFICE VISIT/Outpatient/Problem Visits			
99211	Office/Outpatient Visit (RN)	$30.00	$ 25.00
99212	Office/Outpatient Visit (Others)	$45.00	$ 50.00
T1015	516 Medicaid Encounter	$62.55	$ 62.55
ASSESSMENT			
96110	Developmental Exam	$29.50	$ 17.00
92551	Hearing Test	$15.60	$ 13.00
92081	Vision Screening	$6.00	$ 56.00
	Fluoride Liq/Tablets		Basic
89235	Water Test Kit		PH
MISCELLANEOUS			
	IUD: Paragard		Cost*
	IUD: Mirena		Cost*

		Current Fee	Proposed Fee
FAMILY PLANNING CLINIC			
FPINT	Initial	$58.00	$ 58.00
FPANI	Annual	$43.00	$ 43.00
FPPRO	Problem	$31.00	$ 31.00
FPIC	IC - Interim Continuing	$18.00	$ 18.00
LABORATORY SERVICES			
82948	Glucose Screening-LHD	$12.00	$ 5.00
82947	Glucose Screening	Cost*	$ 7.00
85018	Hemoglobin	Cost*	$ 4.00
86706	Hep. B Surf. Anti.	Cost*	$ 18.00
83655	Lead Screening	Cost*	$ 20.00
80061	Lipid Panel (w/chol/hdl rat.)[3]*	Cost*	$ 18.50
82465	Cholesterol Screening-LHD	$12.00	$ 7.00
86585	PPD - Private	$20.00	$ 20.00
81025	Pregnancy Test - Urine		$ 11.00
36415	Venipuncture (G0001 MC)	$5.00	$ 4.00
99000	Spec. Handling - Lab Tfr	$5.00	$ 7.00
BREAST AND CERVICAL CANCER CLINIC			
BCINT	Initial	$100.53	$ 70.51
BCAN	Annual	$67.70	$ 69.06
BCAN	Annual Breast or Cervical	$39.86	$ 40.66
CBRE	Repeat Pap	$17.93	$ 18.47
BCRE	Repeat CBE	$17.93	$ 18.47
BCRE	Initial Referral	$15.00	$ 15.00
REFEI	Referral Partial - Mam/Col	$15.00	$ 15.00
BCME	Medicine Dispensed	Cost*	Cost*
TUBERCULOSIS CLINIC			
TBDC	Diagnostic Clinic		
TBFU	Follow-Up		Basic
TBXR	X-ray		Public
47399	Liver Profile		Health

		Current Fee	Proposed Fee
IMMUNIZATIONS			
VFC	Admin Fee (VFC only)	$19.85	$19.85
90471	Admin. Fee 1 Shot	$25.00	$26.00
90472	Admin. Fee 2+ Shots	$25.00	$14.00
90473	Admin. Oral/Intranasal	$25.00	$26.00
90700	DTAP		Cost*
90632	Hep A - Adult*		Cost*
90633	Hep A - 2 Dose Ped/Adol		Cost*
90634	Hep A - 3 Dose Ped/Adol		Cost*
90744	Hep B (0-18 Years)		Cost*
90746	Hep B (19+ Years)*		Cost*
90636	Hep A & B - Adult*		Cost*
90645	HIB		Cost*
90647	HIB - 3 dose/Pedvax		Cost*
90651	HPV 9		Cost*
90686	Influenza (3+ Years)*		Cost*
90685	Influenza (6-35 Mo.)		Cost*
90662	Influenza High Dose		Cost*
90696	Kinrix (DTaP/IPV)		Cost*
90734	Meningococcal		Cost*
90707	MMR		Cost*
90710	MMR/Varicella		Cost*
90723	Pediarix (DTaP/IPV/HBV)		Cost*
90698	Pentacel (DTaP/IPV/Hib)		Cost*
90670	Prevnar (PCV13)		Cost*
90732	Pneumococcal		Cost*
90713	Polio (IPV Inj.)		Cost*
90680	Rotavirus - 3 Dose		Cost*
90681	Rotarix - 2 Dose		Cost*
90375	Rabies Globulin*		Cost*
90736	Shingles/Zostavax*		Cost*
90714	TD (Adult)		Cost*
90715	TDaP (Tet/Dip/Pert)		Cost*
90690	Typhoid Vaccine*		Cost*
90716	Varicella - Chicken Pox		Cost*
G0008	Adm. Medicare Flu		$22.00
G0009	Adm. Medicare Pneu.		$22.00
G0010	Adm. Hep. B.	$22.09	$22.00
96372	Therapeutic Injection		$24.00
COMMENTS			

I hereby consent to receive medical treatment from Hampshire County Health Department. I authorize Hampshire County Health Department to release any information required and/or requested by my insurance company/Medicaid/Medicare in regard to payment.

Responsible Party's Signature _____

Method of Payment _____

*Actual Cost plus 20%

Previous Balance	
Total Fee	
Patient Fee	$0.00
Program Charges	
Amount Due	$0.00