

DCHD CLINICAL SERVICE FEE SCHEDULE

Administrative Fee (vaccines)	\$25.00
Flu Shots	\$25.00
Pneumonia Shots	\$36.00
Nurse Visit Charge	\$25.00
Immunizations (Kids administration fee)	\$19.85/\$36.00
B-12 Injection	\$36.00
Depo Provera Injection	\$25.00
NEW PATIENT OFFICE VISIT PREVENTATIVE CARE	
99381 <1 year	\$68.00
99382 1-4 years	\$79.00
99383 5-11 years	\$83.00
99384 12-17 years	\$94.00
99385 18-39 years	\$100.00
99386 40-64 years	\$105.00
99387 65 years and older	\$120.00
NEW PATIENT OFFICE VISIT (SICK OR FOLLOW UP)	
99201 Brief/Nurse Visit	\$35.00
99202 Limited	\$45.00
99203 Low Complex	\$63.00
99204 Medium Complex	\$92.00
99205 High Complex	\$115.00
ESTABLISHED PATIENT OFFICE VISIT PREVENTATIVE CARE	
99391 < 1 year	\$65.00
99392 1-4 years	\$71.00
99393 5-11 years	\$76.00
99394 12-17 years	\$81.00
99395 18-39 years	\$85.00
99396 40-64 years	\$95.00
99397 65 years and older	\$100.00
ESTABLISHED PATIENT OFFICE VISIT (SICK OR FOLLOW UP)	
99211 Nurse Visit	\$25.00
99212 Brief	\$30.00
99213 Low Complex	\$35.00
99214 Medium Complex	\$55.00
99215 High Complex	\$85.00
NEW CHARGES	
Sports Physicals	\$30.00 (private pay)
Basic Work Physicals	\$50.00 (private pay)
Hepatitis B Titer (blood draw)	*\$90.00
Varicella Titer (blood draw)	*\$90.00
MMR Titer (blood draw)	*\$255.00
*lab fee subject to increase by Lab.	

PROCEDURES	
Blood Pressure Check (if referred for oral contraception clearance, FP Fee)	No Charge
Adult/Travel Vaccines (*call for information)	\$25.00 admin. fee + Vaccine Cost
TB-PPD	\$20.00
*Glucose Finger Stick (+ Nurse Visit Charge)	\$5.00 + \$25.00
*Hemoglobin Check (+ Nurse Visit Charge)	\$5.00 + \$25.00
*Draw Fee/Specimen Handling Fee (+ Nurse Visit Charge)	\$10.00 + \$25.00
Urinary Pregnancy Testing (+ Nurse Visit Charge)	\$12.25 + \$25.00
Pap Smear (Current Lab Fee set by Lab)	\$25.00 + Lab Fee
Immunizations	1 shot \$19.85/ 2 or more shots \$36.00
Immunization/Travel Education Fee	\$35.00
**Hepatitis B Titer + Nurse Fee + Draw Fee	\$90.00 + \$25.00 + \$10.00
**Varicella Titer + Nurse Fee + Draw Fee	\$90.00 + \$25.00 + \$10.00
**MMR Titer + Nurse Fee + Draw Fee	\$245.00 + \$25.00 + \$10.00
PT/INR (+ Nurse Visit Charge)	\$10.00 + \$25.00
Hepatitis A Vaccine	\$30.00
Hepatitis B Vaccine	\$35.00
Hepatitis A and B Vaccine	\$50.00
Pap Smear Thin Prep (CPT Code 88142) Code# 192005-LabCorp	\$80.00
If Pap Abnormal additional charge-LabCorp	\$74.00
HPV Testing (High Risk) Code#507301-LabCorp	\$203.00
Pap Smear-CPT Code 88142-Pennsylvania Cytology Service***	\$40.00
If Pap Abnormal additional charge CPT code 88141-Penn. Cytology***	\$28.00
HPV Testing CPT Code 87624-Pennsylvania Cytology Service***	\$75.00

Community Service Fee for Nurse Visit: \$35.00 per visit plus mileage

Community Service Fee for Aide Visit- \$20.00 per visit plus mileage.

*Employee Services; also for private pay Family Planning patients and private pay Children's Services patients.

*The Doddridge County Board of Health adopts the right for provision to this charge for a reduced or exempt from fee for Community Health Events as deemed appropriate by the Board.

** Blood titers subject to increase based on current lab pricing.

***Pennsylvania Cytology Service will bill insurance companies for us, we need to make a copy of insurance card and the card must have an address on it. They can NOT bill Cigna or United Health Care insurance companies because they are out of network. They will mail us Medicare Advance Beneficiary Notice Forms. (These will need to be signed for Medicare Patients.)