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:

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

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

	IMMUNIZATIONS	Current Fee
VFC	Admin Fee (VFC only)	$19.85
90471	Admin. Fee 1 Shot	$26.00
90472	Admin. Fee 2+ Shots	$14.00
90473	Admin. Oral/Intranasal	$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*
90750	Shingles/Shingrix	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.	$22.00
96372	Therapeutic Injection	$24.00
COMMENTS		

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

Previous Balance _____

Total Fee _____

Responsible Party's Signature _____ Patient Fee $0.00

Method of Payment _____ Program Charges _____

*Actual Cost plus 20% Amount Due $0.00