ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES
EFFECTIVE 10/17/25

PROCEDURE NAME	Procedure Code	CHARGE						
		FEE GROUP (Based on Federal Poverty Guidelines)						
		0%	17%	33%	50%	67%	83%	100%
OFFICE VISIT ESTABLISHED PATIENT	99212	0	$ 9.04	$ 17.56	$ 26.60	$ 35.64	$ 44.16	$ 53.20
	99213	0	$ 14.71	$ 28.56	$ 43.27	$ 57.98	$ 71.83	$ 86.54
	99214	0	$ 20.75	$ 40.27	$ 61.02	$ 81.76	$ 101.28	$ 122.03
	99215	0	$ 29.12	$ 56.53	$ 85.66	$ 114.78	$ 142.19	$ 171.31
OFFICE VISIT NEW PATIENT	99202	0	$ 13.92	$ 27.01	$ 40.93	$ 54.85	$ 67.94	$ 81.86
	99203	0	$ 21.48	$ 41.70	$ 63.18	$ 84.66	$ 104.88	$ 126.36
	99204	0	$ 32.19	$ 62.49	$ 94.68	$ 126.86	$ 157.16	$ 189.35
	99205	0	$ 42.45	$ 82.40	$ 124.85	$ 167.29	$ 207.24	$ 249.69
NURSING PROTOCOL VISIT	99211(99201)	0	$ 4.49	$ 8.71	$ 13.20	$ 17.69	$ 21.91	$ 26.40
PHYSICAL EXAM (CHILD ESTABLISHED)	99391-99394	0	$ 18.23	$ 35.38	$ 53.61	$ 71.83	$ 88.98	$ 107.21
PHYSICAL EXAM (ADULT 18-39YRS ESTABLISHED)	99395	0	$ 22.05	$ 42.81	$ 64.86	$ 86.91	$ 107.67	$ 129.72
PHYSICAL EXAM (ADULT 40-64YRS ESTABLISHED)	99396	0	$ 23.79	$ 46.18	$ 69.97	$ 93.76	$ 116.15	$ 139.94
PHYSICAL EXAM (ADULT 65+YRS ESTABLISHED)	99397	0	$ 25.59	$ 49.67	$ 75.25	$ 100.84	$ 124.92	$ 150.50
PHYSICAL EXAM (CHILD NEW)	99381-99384	0	$ 18.23	$ 35.38	$ 53.61	$ 71.83	$ 88.98	$ 107.21
PHYSICAL EXAM (ADULT 18-39 YRS NEW)	99385	0	$ 22.05	$ 42.81	$ 64.86	$ 86.91	$ 107.67	$ 129.72
PHYSICAL EXAM (ADULT 40-64YRS NEW)	99386	0	$ 28.60	$ 55.52	$ 84.12	$ 112.71	$ 139.63	$ 168.23
PHYSICAL EXAM (ADULT 65+YRS NEW)	99387	0	$ 31.04	$ 60.25	$ 91.29	$ 122.32	$ 151.53	$ 182.57
SCHOOL ENTRANCE EXAM	99212	35.00	$ 35.00	$ 35.00	$ 35.00	$ 35.00	$ 35.00	$ 35.00
STD LAB SCREENING	99402	0	$ 8.50	$ 16.50	$ 25.00	$ 33.50	$ 41.50	$ 50.00
I.U.D. INSERT	58300	0	$ 18.74	$ 36.38	$ 55.12	$ 73.86	$ 91.50	$ 110.24
I.U.D. REMOVAL	58301	0	$ 21.35	$ 41.45	$ 62.81	$ 84.16	$ 104.26	$ 125.61
DIAPHRAGM WITH FITTING	57170	0	$ 12.83	$ 24.91	$ 37.74	$ 50.57	$ 62.65	$ 75.48
NORPLANT REMOVAL	11976	0	$ 28.02	$ 54.40	$ 82.42	$ 110.44	$ 136.82	$ 164.84
EKG	93000	0	$ 2.76	$ 5.35	$ 8.11	$ 10.87	$ 13.46	$ 16.22
VENIPUNCTURE	36415	0	$ 5.10	$ 9.90	$ 15.00	$ 20.10	$ 24.90	$ 30.00
CRYO/CHEMICAL TREATMENT OF WARTS	17110	0	$ 4.25	$ 8.25	$ 12.50	$ 16.75	$ 20.75	$ 25.00
Nexplanon:			17%	33%	50%	67%	83%	
INSERTION ONLY WITH GRANT FUNDED DEVICE	11981	0	$ 19.43	$ 37.72	$ 57.15	$ 113.62	$ 93.72	$ 114.29
REMOVAL ONLY	11982	0	$ 21.42	$ 41.58	$ 63.00	$ 125.32	$ 103.31	$ 125.99
INSERTION AND REMOVAL AT THE SAME TIME	11983	0	$ 27.38	$ 53.15	$ 80.53	$ 160.39	$ 132.07	$ 161.06

* Some services require an office visit

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OTHER SERVICES

INTERFERON GAMMA RELEASE (TB TEST)	$ 60.00	
FOREIGN TRAVEL COVID-19 TEST	$ 130.00	
TB SKIN TEST/PPD	$ 20.00	

LAB TEST	**$30 ADMIN FEE PLUS COST OF TEST LISTED BELOW**	
ANTIBODY TITER (MEASLES, MUMPS, RUBELLA)**	$ 6.40	per test**
ANTIBODY TITER (RABIES)	$ 50.00	
ANTI-HBS (HEPATITIS B ANTIBODY)	$ 8.50	
HBS AG (HEPATITIS ANTIGEN)	$ 2.70	
HEP A TITER	$ 4.00	
HEP C TITER	$ 5.00	
HEPATITIS PROFILE		
HSV SCREENING	$ 5.00	
LEAD TESTING	$ 10.00	
LYMEDISEASE/EHRLICHIOSIS/RMSF/Q FEVER		
VARICELLA ZOSTER TITER	$ 3.55	

'ALL TITERS WILL TAKE 10-14 WORKING DAYS FOR RESULTS TO COME BACK'

CHILDHOOD IMMUNIZATIONS (NON-FOREIGN TRAVEL)*

No charge for recommended immunizations of children through age 18. All children receiving foreign travel inoculations must be charged according to the fee schedule.

ADULT IMMUNIZATIONS (NON-FOREIGN TRAVEL)*

*PRICES SUBJECT TO CHARGE BASED ON CURRENT VACCINE COST

	CPT Code	
HEP A	90632	$ 114.55
HEPLISAV - Hep B 2 dose	90739	$ 165.26
ENGERIX - HEP B	90746	$ 88.69
HEP A/B TWINRIXX	90636	$ 160.54
HIB	90648	$ 45.03
HPV - GARDASIL-9	90651	$ 375.66
INFLUENZA	90658	$ 25.00
INFLUENZA NASAL (MIST)	90672	$ 25.00
INFLUENZA - HIGH DOSE (age 65+)	90662	$ 65.90
INFLUENZA - FLUBLOK	90673	$ 65.90
INFLUENZA - FLUCELVAX	90661	$ 25.00
JYNNEOS	90611	$277.54
MENINGITIS - MENQUADFI (MCV4)	90619	$ 204.84
MENINGOCOCCAL B - (BEXSERO)	90620	$ 268.24
MMR (MERCK)	90707	$ 138.29
MMR (GSK)	90707	$ 135.01
PREVNAR 20 - PCV20	90670	$ 317.40
PREVNAR 21 - Capvaxive	90684	$304.50
PNEUMOCOCCAL - PPSV23	90732	$ 158.88
RSV	90678	$ 364.21
TICOVAC	90626	$ 371.40
TD (TETANUS/DIPTHERIA) ADULT	90714	$ 76.36

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ADULT IMMUNIZATIONS (NON-FOREIGN TRAVEL)* cont'd *PRICES SUBJECT TO CHARGE BASED ON CURRENT VACCINE COST

	CPT Code			
TDAP (TETANUS/DIPTHERIA/PERTUSSIS)	90715	$	78.64	
VARICELLA VZV (CHICKENPOX)	90716	$	235.68	
SHINGRIX (SHINGLES)	90750	$	274.30	
RABAVERT (PRE RABIES)	90675	$	473.85	
Imovax (POST EXPOSURE RABIES	90675	$	541.94	
IMMUNE GLOBULIN (GAMASTAN) per 1ml-2ml*		$	59.39	*Does not include administration fee of $45
IMMUNE GLOBULIN per (GAMASTAN) 1ml-10ml*		$	55.06	*Does not include administration fee of $45
HEP B IMMUNE GLOBULIN 1ml*		$	140.34	*Does not include administration fee of $45
HEP B IMMUNE GLOBULIN 5ml*		$	653.51	*Does not include administration fee of $45

FOREIGN TRAVEL IMMUIZATIONS (CHILD AND ADULT)

	CPT Code		
IPV (POLIO INJECTABLE)	90713	$	80.65
Chikungunya (Ixchiq)	90589		$335.81
JAPANESE ENCEPHALITIS	90738	$	398.54
TYPHOID (ORAL)	90690	$	147.11
TYPHOID (INJECTABLE)	90691	$	198.20
CHOLERA (VAXCHORA)	90625	$	344.25
YELLOW FEVER	90717	$	313.15

OTHER IMMUNIZATION SERVICES

FOREIGN TRAVEL CONSULT	$50/PERSON / $100 PER FAMILY (PARENTS WITH CHILDREN 18 & UNDER)
IMMUNIZATION BOOKLET REPLACEMENT (YELLOWBOOK)	$25.00
ADMINISTRATION OF IMMUNE GLOBULIN	$45.00
DH680 REPLACEMENT PER COPY	$10.00
IMMUNIZATION RECORD TRANSFER FEE	$10.00 PER RECORD
COLLEGE COMPLETION FORM (EXCEPT SANTA FE)	$25.00