

**ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES
EFFECTIVE 4/23/26**

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	\$ 10.02	\$ 19.46	\$ 29.48	\$ 39.50	\$ 48.94	\$ 58.96
	99213	0	\$ 16.08	\$ 31.20	\$ 47.28	\$ 63.36	\$ 78.48	\$ 94.56
	99214	0	\$ 22.95	\$ 44.56	\$ 67.51	\$ 90.46	\$ 112.07	\$ 135.02
	99215	0	\$ 32.62	\$ 63.32	\$ 95.94	\$ 128.56	\$ 159.26	\$ 191.88
OFFICE VISIT NEW PATIENT	99202	0	\$ 14.06	\$ 27.30	\$ 41.37	\$ 55.43	\$ 68.67	\$ 82.73
	99203	0	\$ 21.94	\$ 42.59	\$ 64.53	\$ 86.47	\$ 107.12	\$ 129.06
	99204	0	\$ 32.88	\$ 63.83	\$ 96.71	\$ 129.58	\$ 160.53	\$ 193.41
	99205	0	\$ 43.43	\$ 84.30	\$ 127.73	\$ 171.15	\$ 212.02	\$ 255.45
NURSING PROTOCOL VISIT	99211(99201)	0	\$ 4.56	\$ 8.85	\$ 13.41	\$ 17.96	\$ 22.25	\$ 26.81
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	\$ 22.92	\$ 44.49	\$ 67.41	\$ 90.32	\$ 111.89	\$ 134.81
PHYSICAL EXAM (ADULT 40-64YRS ESTABLISHED)	99396	0	\$ 24.35	\$ 47.27	\$ 71.62	\$ 95.97	\$ 118.89	\$ 143.24
PHYSICAL EXAM (ADULT 65+YRS ESTABLISHED)	99397	0	\$ 26.24	\$ 50.94	\$ 77.18	\$ 103.41	\$ 128.11	\$ 154.35
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	\$ 24.26	\$ 47.09	\$ 71.35	\$ 95.61	\$ 118.44	\$ 142.70
PHYSICAL EXAM (ADULT 40-64YRS NEW)	99386	0	\$ 29.23	\$ 56.75	\$ 85.98	\$ 115.21	\$ 142.73	\$ 171.96
PHYSICAL EXAM (ADULT 65+YRS NEW)	99387	0	\$ 31.77	\$ 61.68	\$ 93.45	\$ 125.22	\$ 155.13	\$ 186.90
SCHOOL ENTRANCE EXAM	99212	35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
STD LAB SCREENING	99402	0	\$ 12.18	\$ 23.64	\$ 35.82	\$ 47.99	\$ 59.45	\$ 71.63
I.U.D. INSERT	58300	0	\$ 20.61	\$ 40.02	\$ 60.63	\$ 81.24	\$ 100.65	\$ 121.26
I.U.D. REMOVAL	58301	0	\$ 21.36	\$ 41.46	\$ 62.82	\$ 84.17	\$ 104.27	\$ 125.63
DIAPHRAGM WITH FITTING	57170	0	\$ 12.55	\$ 24.37	\$ 36.92	\$ 49.47	\$ 61.29	\$ 73.84
NORPLANT REMOVAL	11976	0	\$ 28.19	\$ 54.73	\$ 82.92	\$ 111.11	\$ 137.65	\$ 165.84
EKG	93000	0	\$ 2.80	\$ 5.44	\$ 8.24	\$ 11.03	\$ 13.67	\$ 16.47
VENIPUNCTURE	36415	0	\$ 5.10	\$ 9.90	\$ 15.00	\$ 20.10	\$ 24.90	\$ 30.00
CRYO/CHEMICAL TREATMENT OF WARTS	17110	0	\$ 22.14	\$ 42.97	\$ 65.11	\$ 87.25	\$ 108.08	\$ 130.22
Nexplanon:			17%	33%	50%	67%	83%	
INSERTION ONLY WITH GRANT FUNDED DEVICE	11981	0	\$ 19.73	\$ 38.29	\$ 58.02	\$ 115.37	\$ 95.15	\$ 116.04
REMOVAL ONLY	11982	0	\$ 21.55	\$ 41.83	\$ 63.39	\$ 126.10	\$ 103.95	\$ 126.77
INSERTION AND REMOVAL AT THE SAME TIME	11983	0	\$ 27.67	\$ 53.71	\$ 81.39	\$ 162.10	\$ 133.47	\$ 162.77

* 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	\$	118.14
HEPLISAV - Hep B 2 dose	90739	\$	173.71
ENGERIX - HEP B	90746	\$	91.16
HEP A/B TWINRIX	90636	\$	169.93
HIB	90648	\$	45.63
HPV - GARDASIL-9	90651	\$	400.81
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		\$265.83
MENINGITIS - MENQUADFI (MCV4)	90619	\$	210.55
MENINGOCOCCAL B - (BEXSERO)	90620	\$	283.18
MMR (MERCK)	90707	\$	141.75
MMR (GSK)	90707	\$	138.48
PREVNAR 21 - Capvaxive	90684		\$373.83
PNEUMOCOCCAL - PPSV23	90732	\$	159.23
RSV	90678	\$	378.54
TICOVAC	90626	\$	389.46
TD (TETANUS/DIPHTHERIA) ADULT	90714	\$	78.26

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ADULT IMMUNIZATIONS (NON-FOREIGN TRAVEL)* cont'd

*PRICES SUBJECT TO CHARGE BASED ON CURRENT VACCINE COST

	CPT Code			
TDAP (TETANUS/DIPHTHERIA/PERTUSSIS)	90715	\$	80.14	
VARICELLA VZV (CHICKENPOX)	90716	\$	246.51	
SHINGRIX (SHINGLES)	90750	\$	305.85	
RABAVERT (PRE RABIES)	90675	\$	475.06	
Imovax (POST EXPOSURE RABIES)	90675	\$	514.65	
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 5ml*		\$	719.47	*Does not include administration fee of \$45

FOREIGN TRAVEL IMMUIZATIONS (CHILD AND ADULT)

	CPT Code		
IPV (POLIO INJECTABLE)	90713	\$	84.28
Chikungunya (Vimkunya)	90589	\$	\$336.66
JAPANESE ENCEPHALITIS	90738	\$	398.54
TYPHOID (ORAL)	90690	\$	147.44
TYPHOID (INJECTABLE)	90691	\$	207.10
CHOLERA (VAXCHORA)	90625	\$	345.11
YELLOW FEVER	90717	\$	338.64

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