ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES
EFFECTIVE 9/2/26

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	$ 25.00	

LAB TEST	**$30 ADMIN FEE PLUS COST OF TEST LISTED BELOW**	
ANTIBODY TITER (MEASLES, MUMPS, RUBELLA)**	$ 13.50	per test**
ANTIBODY TITER (RABIES)	$ 50.00	
ANTI-HBS (HEPATITIS B ANTIBODY)	$ 4.00	
HBS AG (HEPATITIS ANTIGEN)	$ 4.25	
HEP A TITER	$ 4.00	
HEP C TITER	$ 3.00	
HEPATITIS PROFILE		
HSV SCREENING	$ 5.00	
LEAD TESTING	$ 10.00	
LYMEDISEASE/EHRLICHIOSIS/RMSF/Q FEVER	$ 55.00	
VARICELLA ZOSTER TITER	$ 6.00	

'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	$ 118.84
HEPLISAV - Hep B 2 dose	90739	$ 174.88
ENGERIX - HEP B	90746	$ 91.65
HEP A/B TWINRIXX	90636	$ 171.05
HIB	90648	$ 45.75
HPV - GARDASIL-9	90651	$ 403.83
INFLUENZA	90658	$ 25.00
INFLUENZA NASAL (MIST)	90672	$ 25.00
INFLUENZA - HIGH DOSE (age 65+)	90662	$ 68.54
INFLUENZA - FLUBLOK	90673	$ 68.54
INFLUENZA - FLUCELVAX	90661	$ 25.00
JYNNEOS	90611	$265.83
MENINGITIS - MENQUADFI (MCV4)	90619	$ 212.01
MENINGOCOCCAL B - (BEXSERO)	90620	$ 285.23
MMR (MERCK)	90707	$ 142.64
MMR (GSK)	90707	$ 139.35
PREVNAR 21 - Capvaxive	90684	$376.61
PNEUMOCOCCAL - PPSV23	90732	$ 160.28
RSV	90678	$ 381.38
TICOVAC	90626	$ 392.39
TD (TETANUS/DIPTHERIA) ADULT	90714	$ 74.59

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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	$	80.53	
VARICELLA VZV (CHICKENPOX)	90716	$	248.26	
SHINGRIX (SHINGLES)	90750	$	308.09	
RABAVERT (PRE RABIES)	90675	$	496.64	
Imovax (POST EXPOSURE RABIES	90675	$	518.60	
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*		$	752.52	*Does not include administration fee of $45

FOREIGN TRAVEL IMMUIZATIONS (CHILD AND ADULT)

	CPT Code		
IPV (POLIO INJECTABLE)	90713	$	84.71
Chikungunya (Vimkunya)	90589		$353.06
JAPANESE ENCEPHALITIS	90738	$	398.54
TYPHOID (ORAL)	90690	$	154.30
TYPHOID (INJECTABLE)	90691	$	208.54
CHOLERA (VAXCHORA)	90625	$	360.38
YELLOW FEVER	90717	$	329.38

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