

Sanford Clinic Vermillion

USD Student Health

Student Health Discounted Services

General Exam		
	General Visit	N/C
	Telehealth Visit (Patient in South Dakota)	N/C

Preventative Medicine		
Annual Physical	\$	25.00
Athletic Physical	\$	25.00
DOT EXAM	\$	100.00
Nursing Physical	\$	30.00
School Physical	\$	30.00
Teaching Physical	\$	30.00
Travel Physical	\$	30.00
Well Woman Exam	\$	40.00
Job Physical	\$	30.00

Injections		
	Allergy, single	\$ 5.00
	Allergy, multiple	\$ 10.00

Immunizations * injection fee included in price	
Нер А	\$ 75.00
Hep B (age 18)	\$ 13.00
Hep B (age 19+)	\$ 59.00
Influenza	\$ 32.00
Menactra	\$ 111.00
Trumemba	\$ 130.00
Bexsero	\$ 160.00
MMR (age 18)	\$ 13.00
MMR (age 19+)	\$ 75.00
Td (Tetanus-Diphtheria)	\$ 40.00
TB injection (PPD) skin test	\$ 10.00
Tetanus/Pertussis (Tdap)	\$ 48.00
Quantiferon - TB Gold	\$ 65.00
Varicella (Chicken Pox) Vaccination	\$ 126.00

Labora	tory (Blood Tests) * no blood draw fee	
	ABO & RH	\$ 10.00
	Comprehensive Metabolic Panel	\$ 15.00
	Basic Metabolic Panel	\$ 10.00
	Complete Blood Count with Differential	\$ 10.00
	Estradiol	\$ 60.00
	Ferritin	\$ 15.00
	Folic Acid	\$ 15.00
	Hematocrit Test	\$ 10.00
	Hemoglobin A1C	\$ 15.00
	Hemoglobin Test	\$ 10.00
	HIV Test	\$ 25.00
	Lactate Dehydrogenase Total	\$ 15.00
	Lipid Panel	\$ 15.00
	Liver Function Test	\$ 10.00
	Magnesium	\$ 10.00
	Metabodlic Acidosis Panel	\$ 30.00
	Mono Test	\$ 18.00
	Phosphorus	\$ 5.00
	Pregancy Test (Blood)	\$ 15.00
	Progesterone (Girl)	\$ 25.00
	Prolactin	\$ 25.00
	Sickel Cell Testing	\$ 25.00
	Thyroid Panel	\$ 25.00
	Total Testosterone (Male)	\$ 15.00
	Uric Acid	\$ 5.00
	Vitiam B12	\$ 15.00
	Vitiam D	\$ 35.00

Laboratory (Non-Blood Tests)		
	Molecular Strep	\$ 52.00
	Urine Dip Test w/ Reflex to Micro and/or Urine Dip in Clinic	\$ 10.00
	Pregnancy Test (urine)	N/C
	KOH Test (skin)	\$ 15.00
	KOH/Wet Mount (vaginal)	\$ 30.00
	Gonorrhea DNA Probe	\$ 25.00
	Chlamydia DNA Probe	\$ 25.00
	Gonorrhea Urine	\$ 25.00
	Chlamydia Urine	\$ 25.00
	Herpes Test (culture)	\$ 49.00

Treatments		
	Nebulizer Treatment	\$ 10.00
	Destruction Lesions (genitalia)	N/C

Other		
	Pulmonary Function Test (PFT)	\$ 35.00
	Respiratory Clearance Exam OSHA + Respiratory Fit Test	
	Qualitative	\$ 20.00
	EKG Test	\$ 20.00
	Oximetry Test	N/C
	Initial Nutritional Evaluation	N/C
	Initial Rehab Service & Athletic Injury Eval	N/C
	Drug Screen 10 Panel Quick Scren	\$52.00
	Drug Screen 5 Panel Quick Screen	\$42.00

Antibody & Antigens	
SARS - CoV-2 Antibody	\$ 20.00
Hep B Antigen	\$ 40.00
Hep B Surface Antibody	\$ 15.00
Hep C Surface Antibody	\$ 15.00
Mumps Titer Test	\$ 22.00
Prostate Specefic Antigen	\$ 25.00
Rubella Titer Test	\$ 22.00
Rubeola Titer Test	\$ 22.00
Thyroid Antobody Panel	\$ 60.00
Varicella Titer Test	\$ 15.00

By signing this form, I am giving consent to be billed under Student Health at the prices noted. Discounted fees will not be filed to insurance and are due at time of service, unless a payment plan has been discussed. Charges will not be changed and filed to insurance at a later date.

Any service not covered by Student Health will be filed to my insurance on file.

All outstanding fees will be sent via statement or is available through MySanfordChart.

Fees Are Subject To Change

7/1/2022

Signature:	
ID Number:	
Date	