

ATTENTION: This list is not to be considered all inclusive. All office visits are subject to chart review and services performed will be billed to patient according to guidelines outlined below.

Patient Sticker

USD Student Health Services

Check-Out Sheet: *Please have this form readily available upon check-out time.*

I wish to be billed under Student Health at the prices noted below. **I understand that these fees will not be filed to insurance and are due at time of service, unless a payment plan has been discussed.** These charges will not be changed and filed to insurance at a later date. **Any services not covered by Student Health will be filed to insurance. All outstanding fees will be sent to the patient in the form of a statement. Private insurance is obtained in order to file any charges not covered under Student Health.**

I understand that any balance remaining for these services will be my financial responsibility. Fees are subject to change. If a service is performed by a provider, but not marked below, we do reserve the right to bill for any services provided based on chart review.

Signature: _____ Date: _____

SPECIAL FEES for STUDENT HEALTH PATIENT

Charge to patient

Fees are to be collected at time of service

Item Description

<u>Injections</u>	<u>Fee</u>	<u>Tests</u>	<u>Fee</u>
___ Immunization Administration fee	\$ 7.00	___ CBC w/ differential	\$12.00
___ Flu injection + Administration fee	\$ 29.00	___ CBC w/o differential	N/C
___ Hep A + Administration fee	\$ 72.00	___ Chlamydia DNA Probe	\$20.00
___ Hep B (age 18) + Administration fee	\$ 7.00	___ Chlamydia Urine	\$22.00
___ Hep B (age 19+) + Administration fee	\$59.00	___ EKG Test	\$20.00
		___ Gonorrhea DNA Probe	\$15.00
		___ Glucose Test	N/C
___ Allergy (1 shot) 1 2 3 4 5	\$ 5.00	___ Gonorrhea Urine	\$22.00
___ Menectra + Administration fee	\$105.00	___ Hematocrit Test	N/C
___ MMR (age 18) + Administration fee	\$ 7.00	___ Hemoglobin Test	N/C
___ MMR (age 19+) + Administration fee	\$55.00	___ Hep B Surface Antibody	\$40.00
___ TB injection + Administration fee	\$10.00	___ Hep C Surface Antibody	\$36.00
___ Tetanus injection + Administration fee	\$48.00	___ Herpes Test	\$49.00
___ Varicella injection + Administration fee	\$82.00	___ HIV Test	\$18.00
		___ KOH Test	\$12.50
<u>Physicals</u>		___ Mono Test	\$ 6.00
___ Athletic	\$15.00	___ Mumps Titer Test	\$21.00
___ DOT & Law Enforcement	\$35.00	___ Occult Blood Test	N/C
___ Family Planning	\$15.00	___ Oximetry Test	N/C
___ Non-Family Planning	\$20.00	___ Pregnancy Test (urine)	N/C
___ Nursing PE	\$15.00	___ Pregnancy Test (serum)	N/C
___ Annual PE	\$15.00	___ Wet Mount Test	\$12.50
___ Pre-Operative PE	\$30.00	___ RPR Test (syphilis)	\$18.00
___ School & Job PE	\$25.00	___ Rubella Titer Test	\$18.00
___ Teaching PE	\$25.00	___ Rubeola Titer Test	\$21.00
___ Travel PE	\$25.00	___ Varicella Titer Test	\$21.00
-(not including possible immunizations)		___ Quick Strep	N/C
		___ Strep Culture	\$ 5.00
<u>Treatments</u>		___ Urine Dip Test	N/C
___ Nebulizer treatment	\$10.00	___ Urine Micro Test	N/C
___ Destruction Lesions (genitalia)	No Charge		

Consults with Dr. Escobar, General Surgery, are services not covered under Student Health