

Sanford Clinic Vermillion

USD Student Health

Student Health Discounted Services

Office Visit		
	General Visit	N/C

Preventative Medicine		
	Annual Physical	\$ 15.00
	Athletic Physical	\$ 15.00
	DOT & Law Enforcement	\$ 35.00
	Nursing Physical	\$ 15.00
	Pre-Operative Physical	\$ 50.00
	School & Job Physical	\$ 25.00
	Teaching Physical	\$ 25.00
	Travel Physical	\$ 25.00
	Well Women Exam	\$ 20.00

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

Immunizations*injection fee already included in price		
	Flu Vaccine	
	Hep A	\$ 72.00
	Hep B (age 18)	\$ 7.00
	Hep B (age 19+)	\$ 59.00
	Menectra	\$ 105.00
	MMR (age 18)	\$ 7.00
	MMR (age 19+)	\$ 55.00
	TB injection (PPD) skin test	\$ 10.00
	Tetanus/Pertusis (Tdap)	\$ 48.00
	Varicella (Chicken Pox) Vaccination	\$ 82.00

Laboratory (Blood tests) *No blood draw fee		
	CBC w auto diff	N/C
	CBC w/o auto diff	N/C
	CBC w/manual diff	\$ 6.00
	Mono Test	\$ 6.00
	Hematocrit Test	N/C
	Hemoglobin Test	N/C
	Glucose Test	N/C
	Hep B Surface Antibody	\$ 40.00
	Hep C Surface Antibody	\$ 36.00
	HIV Test	\$ 18.00
	RPR Test (syphilis)	\$ 18.00
	Rubella Titer Test	\$ 18.00
	Rubeola Titer Test	\$ 21.00
	Varicella Titer Test	\$ 21.00
	Mumps Titer Test	\$ 21.00

Laboratory (Non-Blood tests)*include blood draw fee		
	Rapid Strep	N/C
	Strep Culture	\$ 5.00
	Urine Dip Test	N/C
	Urine Micro Test	N/C
	Pregnancy Test (urine)	N/C
	KOH Test (skin)	\$ 13.00
	KOH/Wet Mount (vaginal)	\$ 26.00
	Gonorrhea DNA Probe	\$ 15.00
	Chlamydia DNA Probe	\$ 20.00
	Gonorrhea Urine	\$ 22.00
	Chlamydia Urine	\$ 22.00
	Herpes Test (culture)	\$ 49.00
	Occult Blood Test	N/C

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

Other		
	EKG Test	\$ 20.00
	Oximetry Test	N/C
	X-ray films (including chest and extremities)	N/C
	<i>*Films read by Medical Xray- Not covered</i>	\$50-150

** rate is per modality*

	Initial Nutritional evaluation	N/C
	Initial Rehab Service & Athletic Injury Eval	N/C

I wish to be billed under Student Health at the prices noted. 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 my insurance on file. 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: _____

ID Number: _____ Date: _____

Fee's Are Subject To Change