

Sanford Clinic Vermillion
USD Student Health
Student Health Discounted Services

Injections* injection		
	General Visit	N/C

Preventative Medicine		
	Annual Physical	\$ 30.00
	Athletic Physical	\$ 30.00
	Nursing Physical	\$ 30.00
	School Physical	\$ 35.00
	Teaching Physical	\$ 50.00
	Travel Physical	\$ 25.00
	Well Woman Exam	\$ 40.00
	Job Physical	\$ 35.00

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

Immunizations * injection fee included in price		
	Hep A	\$ 75.00
	Hep B (age 18)	\$ 13.00
	Hep B (age 19+)	\$ 59.00
	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	\$ 100.00
	Varicella (Chicken Pox) Vaccination	\$ 126.00

Laboratory (Blood Tests) * no blood draw fee		
	CBC Test	\$ 32.00
	Mono Test	\$ 18.00
	Hematocrit Test	\$ 10.00
	Hemoglobin Test	\$ 10.00
	Glucose Test	\$ 15.00
	Hep B Surface Antibody	\$ 40.00
	Hep B Antigen	\$ 40.00
	Hep C Surface Antibody	\$ 36.00
	HIV Test	\$ 25.00
	Syphilis/T Pallidum ABS)	\$ 23.00
	Rubella Titer Test	\$ 22.00
	Rubeola Titer Test	\$ 22.00
	Varicella Titer Test	\$ 26.00
	Mumps Titer Test	\$ 22.00

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
	COVID-19 Testing	N/C

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

Other		
	EKG Test	\$ 20.00
	Oximetry Test	N/C
	Initial Nutritional Evaluation	N/C
	Initial Rehab Service & Athletic Injury Eval	N/C

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.

Signature: _____

ID Number: _____

Date: _____

Fees Are Subject To Change