

## PUBLIC HEALTH FEE SCHEDULE **EFFECTIVE DATE January 9, 2020**

We accept the Ohio medicaid, CareSource, Molina Paramount Advantage.
We accept the following Private Insurance: Aetna, Anthem & Medical Mutual
\*ODH TDAP available to those who are program eligible
Vaccine prices are reviewed quarterly
Vaccine cost rounded to the nearest dollar

	CHILDHOOD VACCINE	EEE8	
VACCINE NAME	ADMISTRATION FEE	VACCINE COST	COST PER DOSE
Act Hib (V	\$21.00	\$22.00	\$43.00
Hibrix (P	\$21.00	\$13.00	\$34.00
Dtap	\$21.00	\$25.00	\$46.00
Gardasil (HPV)	\$21.00	\$296.00	\$317.00
Hepatitis A	\$21.00	\$33.00	\$54.00
Hepatitis B	\$21.00	\$29.00	\$50.00
i IPV	\$21.00	\$44.00	\$65.00
Kinrix	\$21.00	\$54.00	\$75.00
Menveo	\$21.00	\$126.00	\$147.00
Bexsero (Meningitis B)	\$21.00	\$188.00	\$209.00
MMR	\$21.00	\$102.00	\$123.00
PCV13	\$21.00	\$220.00	\$241.00
Pediarix	\$21.00	\$129.00	\$150.00
Rotarix	\$21.00	\$116.00	\$137.00
Tdap	\$21.00	\$44.00	\$65.00
Tdap - ODH (Eligibility only)	\$21.00		\$21.00
Varicella (Chickenpox)	\$21.00	\$176.00	\$197.00
Proquad	\$21.00	\$292.00	\$313.00
State supplied vaccine admir	nistration fee		\$21.00
	ADULT VACCINE FE	ES	
VACCINE NAME	ADMISTRATION FEE	VACCINE COST	COST PER DOSE
Hepatitis A	\$21.00	\$79.00	\$100.00
Hepatitis B	\$21.00	\$59.00	\$80.00
Meningitis	\$21.00	\$126.00	\$147.00
Bexsero (Meningitis B)	\$21.00	\$188.00	\$209.00
TB skin test			\$20.00
Tdap	\$21.00	\$44.00	\$65.00
	FLU VACCINE FEE	S	
VACCINE NAME	ADMISTRATION FEE	VACCINE COST	COST PER DOSE
Quadri. Pediatric Flu	\$21.00	\$ 26.00	\$47.00
Quadrivalent Flu	\$21.00	\$ 22.00	\$43.00
Trivalent High Dose	\$21.00	\$ 46.00	\$67.00
Nurse Trip Charge: \$65.00 then \$16.25 every 15min. after one hour			
99211 - Low Level Nurs	se Assessment fee	Established patients	\$20.00
Hearing Test	oning	\$ 15.00	per person
Lead scre	eriirig		\$30.00