**SELF-PAY FEE SCHEDULE**

A self-pay patient is one who pays in full at the time of the visit for our services and we are not required to file a claim or submit any documentation to a third party. This fee schedule is not offered to patients covered by insurance plans that we are in-network with. Subject to change without prior notice.

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| **SICK VISIT FEES** |  |  |  | **COMMON PROCEDURES** + visit fee | | |
| Nurse only visit (Blood draw, Vaccination) | | $25.00 |  | Breathing Treatment | | $25.00 |
| Simple Visit (10-15 min with MD) |  | $80.00 |  | Ear Wax Removal | | $50.00 |
| Detailed Visit (60 min with MD-anxiety; ADHD) | | $160.00 |  | Foreign Body Removal | | $50.00 |
|  |  |  |  | Wart Freeze | | $100.00 |
| **WELL VISIT FEE** |  | $150.00 |  | Burn Care/Abscess I&D | | $100.00 |
| includes Sports Physical and recommended screening & lab tests for age-ask for further details; does not include vaccination or non-recommended lab tests |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **LAB TESTS** + visit fee |  |  |  | **SCREENING** + visit fee | | |
| Blood Glucose |  | $20.00 |  | Dental Screening | | $20.00 |
| Cholesterol Test |  | $20.00 |  | Hearing Screening | | $20.00 |
| Complete Blood Count |  | $20.00 |  | Vision Screening | | $20.00 |
| Flu Test |  | $40.00 |  | GoCheck Ambylopia Screening | | $35.00 |
| Pregnancy Test |  | $10.00 |  |  |  |  |
| RSV Test |  | $40.00 |  | **OTHER** no visit fee | |  |
| Strep Test |  | $20.00 |  | Ear Piercing | | $50.00 |
| TB test |  | $15.00 |  | Infant Massage Class | | $50.00 |
| Urinalysis |  | $10.00 |  |  |  |  |
|  |  |  |  |  |  |  |
| **VACCINATION** + visit fee |  |  |  |  |  |  |
| Children: each vaccine |  | $20.00 |  |  |  |  |
| Adults: |  |  |  |  |  |  |
| Influenza |  | $20.00 |  |  |  |  |
| Tetanus/Whooping Cough |  | $40.00 |  |  |  |  |