MADISON COUNTY HEALTH DE	PARTMENT	ADMINISTR	ATON FEE	SCHEDULE		
<b>EFFECTIVE APRIL 1, 2017 THRO</b>	UGH MARC	H 31, 2018				
Discount for Cash Pay is applied based on poverty level.						
Administration and Office Visit	additional	Discount ap	plied for m	ultiple serv	ices	
on the same day to a single cha						
Poverty	100%	133%	250%	400%		
Discount Cash Pay	100%	50%	75%	0%		
Adm /OFFICE VISIT	0.00	10.00	15.00	20.00		
	CHARGES	DISCOUNT	FOR CASH I	PAY		
Administration of vaccine	20.00	Reference discount applied				
Office Visit	20.00	based on ch	narges and			
Temporary Medicaid App	30.00	discount per client.				
Medicaid App on Line	55.00					
Risk Apprailsal	10.00					
Prenatal CM Initial	60.00					
Prenatal CM Face-Face	40.00					
Prenatal CM Non F-F	15.00					
Prenatal CM Home	60.00					
Vision Screening	20.00					
Hearing Screening	20.00					
Denver Screening	30.00					
Lead Risk Assessment	200.00					
Lead Risk Assess Follow Up	150.00					

MADISON COUNTY HEALTH D	ED A DTN/ENIT	A DAMINISTO ATO	ON EEE G	CHEDITIE			
			JN FEE	SCHEDULE			
EFFECTIVE APRIL 1, 2017 THRO							
Discount for Cash Pay is applied			-l f				
Administration and Office Visi		• •		•	ices		
on the same day to a single ch	arge for the	day of service p	er perso	on.			
CLINICAL FEES ARE SUBJECT TO							
Discount for Cash Pay is 50% for							
		50% DISCOUNT FOR CASH PAY					
TB TESTING	9.32		6.21				
STD TESTING	60.00	<b>+</b>	40.00				
PREGNANCY TEST	3.00	<b>+</b>	2.00				
BLOOD SUGAR	3.00		2.00				
HEMOGLOBIN	6.00		4.00				
PNEUMO 23	115.85	<del>-</del>	77.23				
PNEUMO 13	253.67	<b>-</b>	169.11				
ZOSTAVAX	286.58		191.05				
PEDVAX	35.69		23.79				
GARDASIL	278.96		185.97				
VARIVAX	172.56		115.04				
FLUARIX QIV	24.05		16.03				
INFANRIX	27.06		18.04				
HAVRIX A PED/ADOL	33.86		22.57				
BOOSTRIX	49.35		32.90				
PEDIARIX	84.72		56.48				
TWINRIX	106.56		71.04				
ROTARIX	134.12		89.41				
FLUZONE .50	24.05		16.03				
FLUZONE HD	53.54		35.69				
FLUZONE QIV .25	31.74		21.16				
IPOL/POLIO	43.52		29.01				
EMGERIX HEPB PED/ADOL	17.78		11.85				
HARVIX HEP A ADULT	71.75		47.83				
MMR	100.46		66.97				
MMR/VAR-PROQUAD	286.40		190.93				
MENACTRA	155.79		103.86				
MENINGOCCAL/BEXSERO	193.13		128.75				
	0						
	0						
	0						
	0						
BLOOD DRAWS SEE LAB FEE SO	-						
						<u> </u>	

MADISON COUNTY HEALTH DEPARTMENT ADMINISTRATON FEE SCHEDULE								
EFFECTIVE APRIL 1, 2017 THROUGH MARCH 31, 2018								
Discount for Cash Pay is applied based on poverty level.								
Administration and Office Visit additional Discount applied for multiple services								
on the same day to a single charge for the day of service per person.								
		•						