

**Student Health Services
Abridged Fee Schedule
2013-2014**

Immunizations (per dose)	Fee
Allergy Injections	15
Hepatitis B*	29
Influenza	15
Meningococcal	91
MMR	50
T-DAP	38
Typhoid Fever (Travel Clinic)	37
Yellow Fever (Travel Clinic)	78
Gardasil* (HPV Vaccine)	131
Depo Provera**	36
Lab (common lab tests)	Fee
Chlamydia**	10
Pap** (Thin Prep)	22
HIV Testing**	10
CMP (Complete Metabolic Panel)	6
Lipid Panel	9
TSH (Thyroid Stimulating Hormone)	7
Specialty Care	Fee
Dentistry	
Limited oral evaluation (problem-focused)	73
Comprehensive exam	85
Full-mouth x-rays	123
4 Bitewing x-rays	62
Panoramic x-ray	106
Routine prophylaxis (teeth cleaning)	89
<i>Dental fees can vary depending on the services provided.</i>	
Optometry Exams	
Office Visit	20
Comprehensive: includes vision health evaluations and eyeglass evaluations.	44
Extensive (contact lens exam): comprehensive exam plus contact lens evaluation and fitting; contact lens insertion and removal instructions; trial lenses; and 3 follow-up visits.	79
Advanced: includes all services in the extended exam but is more specialized due to its complex nature; usually for special contact lens users (i.e. patients with astigmatism).	99
Acute eye problem exams (red eye or foreign body). <i>Complex problems and follow-up visits may incur additional fees.</i>	20

Ortho Clinic (each visit)	15
Ortho Supplies	varies
Osteopathic Medicine (each visit)	15
Travel Consultation	30
<i>Fee includes initial visit plus one follow-up</i>	
All physical including School of Nursing	45
Medical Records	
X-ray images can be obtained on a CD	5
\$1 per page up to \$25 max. (i.e. complete medical record)	

* 3 doses required

** Family PACT may cover cost if student is eligible

All fees are subject to change.