Children's Urgent Care And Pediatric Clinic CASH POLICY

Office Visit: \$ 150.00 [New] \$ 120.00 [Established] * Additional Cost will be added if Testing and Procedures ordered by Physician * WELL EXAM INCLUDE VISION: \$ 200.00 up to 4 vaccine * Additional vaccine cost \$ 22.00 each * SPORTS PHYSICAL, DAY CARE AND ALL OTHER FORMS: \$ 40.00 * Limited Well Exam and cost also applies to all Private Insurance * FMLA PAPERWORK: \$ 75.00 * Cost also applies to all Private Insurance * XRAYS: \$300.00 * Include visit, x-ray and splinting * X-RAY Without Splinting: \$ 250.00 * Include Office visit and X-ray * **IMMIGRATION PHYSICAL:** \$ 420.00 * Include Office visit, Chest X-ray, TB testing, Bloodwork and STD Test * * Additional charges for vaccination if needed ordered by Physician [Pls see Immigration Policy List] * **OTHER CHARGES:** TB Testing and Read \$ 50.00 Urine Dipstick \$ 20.00 Decadron [Per 4 mg] \$ 16.00 Tympanometry \$ 40.00 Rocephine [Per 250 mg] \$ 20.00 Kenalog [Per 4 mg] \$ 40.00 Pulse Ox \$ 20.00 Radial Head Reduction 100.00 Cerum Removal \$ 50.00 Rapid Strep 25.00 Hemoglobin \$ 20.00 Breathing Treatment [Medication Included] 60.00 Foreign Body Removal \$ 150.00 Pregnancy Test 25.00 Influenza Test 25.00 Flu Vaccination \$ 35.00 Benadryl Injection [Per 25 mg] \$ 40.00 Zofran 20.00 LACERATION COST INCLUDES VISIT AND SUTURES: * Staples or Dermabond * Under 2.5 cm Established Patient \$ 335.00 New Patient: 350.00 2.5 cm - 7.5 cm Established Patient \$ 435.00 New Patient: \$ 450.00 Over 7.5 cm Established Patient \$ 535.00 New Patient: 550.00 Note: All Payments Are Due At Time Of Service * Anything not listed is subjected to additional charges at 80% of our fee schedule * PATIENT'S NAME D.O.B **GUARDIAN SIGNATURE** DATE

LOCATION

EMPLOYEE SIGNATURE