



**Self-Pay Consent Form**

**Date:** \_\_\_\_\_ **Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **PID** \_\_\_\_\_

**Urgent Care visits: \$179**

**Include:**

<input type="checkbox"/> UA <input type="checkbox"/> Glucose	<input type="checkbox"/> Rapid Strep <input type="checkbox"/> Rapid Mono	<input type="checkbox"/> Rapid Pregnancy  <input type="checkbox"/> Oral Medication (Tylenol, Prednisone, Motrin)
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**Additional fee**

<b><u>Procedure \$119</u></b> <input type="checkbox"/> Ingrown toenail removal <input type="checkbox"/> Drainage of abscess <input type="checkbox"/> Wound checks <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn treatment <input type="checkbox"/> Laceration Repair <input type="checkbox"/> Ear Irrigation	<b><u>Diagnostic Tests</u></b> <input type="checkbox"/> EKG \$75 <input type="checkbox"/> X-rays: 1view \$80 <input type="checkbox"/> X-rays: 2 views \$150 <input type="checkbox"/> X-rays: PPD related \$100 <input type="checkbox"/> Rapid Flu A&B \$30	<b><u>Treatment \$35</u></b> <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Solu-Medrol <input type="checkbox"/> Ketorolac <input type="checkbox"/> Azithromycin
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**Discounted STD Panel (additional fee)**

<b><u>STD Panel I \$259</u></b> <input type="checkbox"/> Syphilis <input type="checkbox"/> Rapid GC/Chlamydia <input type="checkbox"/> HIV ½ AB/AG	<b><u>STD Panel II \$349</u></b> <input type="checkbox"/> Hep C AB <input type="checkbox"/> Syphilis <input type="checkbox"/> Rapid GC/Chlamydia <input type="checkbox"/> HIV ½ AB/AG	<b><u>STD Panel III \$450</u></b> <input type="checkbox"/> Herpes Type I&II IGG, Hep C AB <input type="checkbox"/> Hepatitis B panel <input type="checkbox"/> Syphilis <input type="checkbox"/> GC/Chlamydia <input type="checkbox"/> HIV ½ AB/AG	<b><u>STD Panel IV \$449</u></b> <input type="checkbox"/> Vaginal-Candida Gardnerella (BV) Trichomonas <input type="checkbox"/> GC/Chlamydia
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**Lab tests (Quest Diagnostics) additional fee**

<b><u>Common Labs</u></b> <input type="checkbox"/> CBC \$60 <input type="checkbox"/> CMP \$60 <input type="checkbox"/> HCG Quantitative \$60 <input type="checkbox"/> TSH \$60 <input type="checkbox"/> Sickle cells \$60 <input type="checkbox"/> Polio Igg \$60 <input type="checkbox"/> TB QuantiFeron 200 <input type="checkbox"/> Lead Blood \$150	<b><u>Culture \$60</u></b> <input type="checkbox"/> Urine <input type="checkbox"/> Throat	<b><u>Stool Sample Testing</u></b> <input type="checkbox"/> Stool Culture (salmonella & Shigella) \$300 <input type="checkbox"/> Campylobacter \$100 <input type="checkbox"/> Clostridium Difficile \$260 <input type="checkbox"/> OVA Parasite \$306 <input type="checkbox"/> E.Coli \$115 <input type="checkbox"/> H. Pylori (Helicobacter Pylori) Antigen, FECAL \$150	<b><u>Lab</u></b> <input type="checkbox"/> Vitamin D \$200 <input type="checkbox"/> Lyme \$40 <input type="checkbox"/> Tick Panel \$400 <input type="checkbox"/> Varicella \$85 <input type="checkbox"/> MMR \$85 <input type="checkbox"/> Hep B IGG \$85 <input type="checkbox"/> Hepatitis Igg \$85
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**Physical Exams**

**OccMed & OSHA**

**DME Ortho Supplies**

<p><b><u>Basic Physical \$120 on AFC form</u></b></p> <p><input type="checkbox"/> Sport  <input type="checkbox"/> School  <input type="checkbox"/> Work</p> <p><b><u>Basic Physical \$170 Outside forms</u></b> (up to 3 pages)</p> <p><input type="checkbox"/> Sport  <input type="checkbox"/> School  <input type="checkbox"/> Work</p> <p><b><u>Advanced Physical \$500</u></b>  (up to 4-10 pages)</p> <p><b><u>Other physical</u></b></p> <p><input type="checkbox"/> DOT \$130  <input type="checkbox"/> 7D (school bus driver) \$125  <input type="checkbox"/> Immigration \$499  <input type="checkbox"/> Coast Guard \$200 (with MRO) \$270</p>	<p><input type="checkbox"/> Pulmonary Function test \$60</p> <p><input type="checkbox"/> Zinc Protoporphyrin (ZPP) \$150</p> <p><input type="checkbox"/> Blood Urea Nitrogen Test (BUN) \$50</p> <p><input type="checkbox"/> Creatinine \$50</p>	<p><input type="checkbox"/> Brace \$30 (Neck, Ankle, Wrist, Knee)</p> <p><input type="checkbox"/> Walking Boots \$60</p> <p><input type="checkbox"/> Post Op Shoe \$32</p> <p><input type="checkbox"/> Sling \$32</p> <p><input type="checkbox"/> Frog Splint \$30</p> <p><input type="checkbox"/> Thumb Spica \$32</p> <p><input type="checkbox"/> Crutches \$30</p> <p><input type="checkbox"/> Knee Brace-Foam \$60</p> <p><input type="checkbox"/> Knee Brace-Sleeve \$60</p> <p><input type="checkbox"/> Cane \$30</p> <p><input type="checkbox"/> Air Cast \$60</p> <p><input type="checkbox"/> Shoulder Immobilizer \$32</p> <p><input type="checkbox"/> Wrist splint \$40</p> <p><input type="checkbox"/> Finger Splint \$40</p> <p><input type="checkbox"/> Ortho-glass splints \$25</p>
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**Immunization: \$55 Vaccination fee (ONE TIME)**

<p><b><u>Routine Vaccine</u></b></p> <p><input type="checkbox"/> Hepatitis A (per dose) \$130</p> <p><input type="checkbox"/> Hepatitis B (per dose) \$130</p> <p><input type="checkbox"/> MMR \$155</p> <p><input type="checkbox"/> Varicella \$205</p> <p><input type="checkbox"/> Tdap 85 and Td \$80</p> <p><input type="checkbox"/> Polio \$100</p> <p><input type="checkbox"/> Pneumococcal \$200</p>	<p><b><u>Pre-order Per dose</u></b></p> <p><input type="checkbox"/> Gardasil (3 needed) \$350- each dose</p> <p><input type="checkbox"/> Shingles \$340</p>	<p><b><u>Other</u></b></p> <p><input type="checkbox"/> PPD including read \$110</p> <p><input type="checkbox"/> PPD reading when placed elsewhere \$69</p>
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Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_