

Patient's Name: _____ DOB: _____ Female Male
 Address, City, State, Zip _____ Phone: H/C _____
 May we contact you at home? Yes No If not, how may we contact you? _____
 If minor child, Parent's name _____ Minors: May we contact your parents? Yes No
 Parent's Address, if different: _____
 English is your primary language: Yes No Do you need an interpreter? Yes No
 Name of Insurance Company: _____ Policy #: _____
 Insured's Name: _____ Insured's DOB: _____
Adults: I give permission for Sherman County Health Department to provide services and/or treatment for myself or for my child _____, and I understand I am financially responsible for all services rendered today.
 I acknowledge that I have been provided the Health Department's Notice of Privacy Practices with the effective date of August 30, 2013.
 X _____
 (Signature) (Relationship to Patient) (Date of Service)

Immunizations		
Vaccine	Fee	Code
DTaP (Infanrix)	\$30.00	Z23- 90700
DTaP/IPV (Kinrix)	\$62.00	Z23- 90696
DTaP/HepB/IPV (Pediarix)	\$99.00	Z23 - 90723
DTaP/IPV/Hib (Pentacel)	\$110.00	Z23 - 90698
IPV-Polio	\$40.00	Z23 - 90713
HIB (ACTHib)	\$32.00	Z23 - 90648
HIB (PedvaxHib)	\$35.00	Z23 - 90647
Hepatitis A - Peds	\$40.00	Z23 - 90633
Hepatitis A - Adult	\$90.00	Z23 - 90532
Hep B (0-19)-Peds 3 doses	\$30.00	Z23 - 90744
Hepatitis B - Adult	\$80.00	Z23- 90746
Twinrix Hep A & B Combination	\$125.00	Z23-90636
HPV (Gardasil 9)	\$287.00	Z23 - 90651
MMR	\$99.00	Z23 - 90707
MMR-V (Pro-Quad)	\$245.00	Z23 - 90710
MCV-4 (Menactra)	\$162.00	Z23 - 90734
MenB	\$205.00	Z23-90620
PCV13 (Prevnar)	\$242.00	Z23 - 90670
PPSV23 (Pneumonia)	\$133.00	Z23 - 90732
Rotateq 2-32 months (Oral)	\$106.00	Z23- 90680
Rotarix 6 - 24 weeks (Oral)	\$135.00	Z23 - 90681
Shingrix	\$185.00	Z23 - 90750
TD	\$40.00	Z23 - 90714
TDaP (Boostrix)	\$50.00	Z23 - 90715
Varicella	\$171.00	Z23 - 90716
Administration \$10 Cash Price	\$25.00	90471,2,3,4
VFC Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physicals		
Child Health Assessment/KBH	\$70.00	Z00.129 9938/9X
Hearing - Tympanogram V202	\$20.00	Z00.129 - 92567
OAE	\$45.00	Z00.129- 92587
Hgb/Lead	\$30.00	Z00.129 T1001
Lead Screening	\$15.00	Z02.89 - 83655
Vision Screening	\$8.00	Z00.129 - 99173
Developmental Screen	\$32.00	Z00.129 - 96110
Nutritional Screening	\$22.00	Z00.129/97802
Adult Health Assessment	\$30.00	Z00.00/01 9938/9X
Child Health short/ cash/priv.	\$30.00	Z00129 99211

Other Services		
TB Skin Test	\$15.00	
Blood Pressure	\$0.00	
Foot Care	\$20.00	
State Covid fee	\$30.00	
Lab UA	\$15.00	Z01.89 - 81002
Pregnancy Test	\$15.00	Z3202 - 81025
Vision Screening	\$8.00	Z00.129 - 99173
Injections \$10 Cash Price	\$25.00	
Nursing Visit	\$30.00	
STD/Emergency Contraception		
Nursing Visit	\$30.00	
EOC	\$8.00	
Pregnancy Test (V7240)	\$15.00	Z30.09 - 81025
STD testing	\$15.00	
STD Treatment	\$0.00	
Family Planning		
	Fee	Code
Depo Provera Injection	\$30.00	Z30.49 - J1050
Counseling for Contraceptive	\$30.00	Z30.09 - 99211
Birth Control Pills	\$8.00	Z30.41 - S4993
Condoms - 24	\$4.00	
Annual Visit (Bundled)	\$180.00	Z000.00 9938/9
-History/Exam (Initial)	\$70.00	Z30.09 -99202/99212
- Pregnancy Test (V7240)	\$15.00	Z30.09 -81025
-Lab-UA	\$15.00	Z01.89 - 81002
-Lab-Hgb	\$15.00	Z13.0 - 85018
-Lab-C/GC	\$15.00	Z11.3 - 87810
- ARNP Pap (Initial/Est)	\$110.00	Z01.419 9938/9 Z01.419 S061X
Pelvic Only	\$85.00	Z01.419-9939x
Lab - HPV DNA Testing	\$47.00	Z11.51 - 87621
Nexplanon	\$425.00	Z3049 J7307
DISCOUNT		
Total Cost of Services/ Supplies received today \$		
Total Due	\$	
Total Paid	\$	
Rev 1/4/2021		