HAMPSHIRE COUNTY HEALTH DEPARTMENT -16189 NORTHWESTERN PIKE, AUGUSTA, WV 26704

Phone: (304) 496-9640 * Fax: (304) 496-9650 * FEIN: 55-6012362

Name: _____ Date: _____ Ins: _____

Street _____ DOB: _____ Group: _____

City, State _____ SSN: _____ ID: _____

Phone:

		Current Fee
PREVENTIVE EXAMS		
New Patients:		
99381	Initial Exam, 0-1 Years	$ 124.00
99382	Initial Exam, 1-4 Years	$ 129.00
99383	Initial Exam, 5-11 Years	$ 135.00
99384	Initial Exam, 12-17 Years	$ 153.00
99385	Initial Exam, 18-39 Years	$ 148.00
99386	Initial Exam, 40-64 Years	$ 172.00
99387	Initial Exam, 65+ Years	$ 187.00
S0610	Initial Pap Exam	$ 135.00
Established Patients:		
99391	Est. Exam, 0-1 Years	$ 107.00
99392	Est. Exam, 1-4 Years	$ 115.00
99393	Est. Exam, 5-11 Years	$ 115.00
99394	Est. Exam, 12-17 Years	$ 126.00
99395	Est. Exam, 18-39 Years	$ 127.00
99396	Est. Exam, 40-64 Years	$ 139.00
99397	Est. Exam, 65+ Years	$ 156.00
S0612	Est. Pap Exam	$ 135.00
PREVENTIVE MEDC., INDIVIDUAL COUNSELING		
99401	15 Min. Preventive Medc.	$ 46.00
99402	30 Min. Preventive Medc.	$ 81.00
99403	45 Min. Preventive Medc.	$ 115.00
99404	60 Min. Preventive Medc.	$ 150.00
PREVENTIVE MEDC., GROUP COUNSELING		
99411	30 Min. Tobacco	$ 19.00
99412	60 Min. Tobacco	$ 26.00
OFFICE VISIT/Outpatient/Problem Visits		
99211	Office/Outpatient Visit (RN)	$ 25.00
99212	Office/Outpatient Visit (Othe	$ 50.00
T1015	516 Medicaid Encounter	$ 62.55
ASSESSMENT		
96110	Developmental Exam	$ 17.00
92551	Hearing Test	$ 13.00
92081	Vision Screening	$ 56.00
	Fluoride Liq/Tablets	Basic
89235	Water Test Kit	PH
MISCELLANEOUS		
	IUD: Paragard	Cost*
	IUD: Mirena	Cost*

		Current Fee
FAMILY PLANNING CLINIC		
FPINT	Initial	FPP
FPANN	Annual	FPP
FPPRO	Problem	FPP
FPIC	IC - Interim Continuing	FPP
LABORATORY SERVICES		
82948	Glucose Screening-LHD	$ 5.00
82947	Glucose Screening	$ 7.00
85018	Hemoglobin	$ 4.00
86706	Hep. B Surf. Anti.	$ 18.00
83655	Lead Screening	$ 20.00
80061	Lipid Panel (w/chol/hdl rat.)	$ 18.50
82465	Cholesterol Screening-LHD	$ 7.00
86585	PPD - Private	$ 25.00
81025	Pregnancy Test - Urine	$ 11.00
36415	Venipuncture (G0001 MC)	$ 4.00
99000	Spec. Handling - Lab Tfr	$ 7.00
BREAST AND CERVICAL CANCER CLINIC		
BCINT	Initial	BCC
BCANN	Annual	BCC
BCANN	Annual Breast or Cervical	BCC
CBREP	Repeat Pap	BCC
BCREB	Repeat CBE	BCC
BCREF	Initial Referral	BCC
REFERP	Referral Partial - Mam/Col	BCC
BCMED	Medicine Dispensed	Cost*
TUBERCULOSIS CLINIC		
TBDC	Diagnostic Clinic	
TBFU	Follow-Up	Basic
TBXR	X-ray	Public
47399	Liver Profile	Health

		Current Fee
IMMUNIZATIONS		
VFC	Admin Fee (VFC only)	$19.85
90471	Admin. Fee 1 Shot	$26.00
90472	Admin. Fee 2+ Shots	$14.00
90473	Admin. Oral/Intranasal	$26.00
90700	DTAP	Cost*
90632	Hep A - Adult*	Cost*
90633	Hep A - 2 Dose Ped/Adol	Cost*
90634	Hep A - 3 Dose Ped/Adol	Cost*
90744	Hep B (0-18 Years)	Cost*
90746	Hep B (19+ Years)*	Cost*
90636	Hep A & B - Adult*	Cost*
90645	HIB	Cost*
90647	HIB - 3 dose/Pedvax	Cost*
90651	HPV 9	Cost*
90686	Influenza (3+ Years)*	Cost*
90685	Influenza (6-35 Mo.)	Cost*
90662	Influenza High Dose	Cost*
90696	Kinrix (DTaP/IPV)	Cost*
90734	Meningococcal	Cost*
90707	MMR	Cost*
90710	MMR/Varicella	Cost*
90723	Pediarix (DTaP/IPV/HBV)	Cost*
90698	Pentacel (DTaP/IPV/Hib)	Cost*
90670	Prevnar (PCV13)	Cost*
90732	Pneumococcal	Cost*
90713	Polio (IPV Inj.)	Cost*
90680	Rotavirus - 3 Dose	Cost*
90681	Rotarix - 2 Dose	Cost*
90375	Rabies Globulin*	Cost*
90750	Shingles/Shingrix	Cost*
90736	Shingles/Zostavax*	Cost*
90714	TD (Adult)	Cost*
90715	TDaP (Tet/Dip/Pert)	Cost*
90690	Typhoid Vaccine*	Cost*
90716	Varicella - Chicken Pox	Cost*
G0008	Adm. Medicare Flu	$22.00
G0009	Adm. Medicare Pneu.	$22.00
G0010	Adm. Hep. B.	$22.00
96372	Therapeutic Injection	$24.00
COMMENTS		

I hereby consent to receive medical treatment from Hampshire Co. Health Department. I authorize Hampshire Co. Health Department to release any information required and/or requested by my insurance company/Medicaid/Medicare in regard to payment.

Previous Balance	
Total Fee	
Patient Fee	$0.00
Program Charges	
Amount Due	$0.00

Responsible Party's Signature _____

Method of Payment _____

*Actual Cost plus 20%