Pocahontas County Health Department
900 10th Avenue
Marlinton WV 24954
304-799-4154 Fax: 304-799-7490

Patient Name: _____

Birth Date: _____ **Visit Date:** _____

	Preventative Exams	Fee
	New Patients:	
99381	Initial Exam, 0-1	$ 123.53
99382	Initial Exam, 1-4	$ 128.71
99383	Initial Exam, 5-11	$ 134.63
99384	Initial Exam, 12-17	$ 152.89
99385	Initial Exam, 18-39	$ 148.38
99386	Initial Exam, 40-64	$ 172.09
99387	Initial Exam, 65+	$ 186.92
	Established Patients:	
99391	Est. Exam, 0-1	$ 106.69
99392	Est. Exam, 1-4	$ 114.98
99393	Est. Exam, 5-11	$ 114.54
99394	Est. Exam, 12-17	$ 126.24
99395	Est. Exam, 18-39	$ 126.68
99396	Est. Exam, 40-64	$ 139.09
99397	Est. Exam, 65+	$ 155.72
	Preventative, Individual Counseling	
99401	15 Min. Prev. Med. Co	$ 45.00
99402	30 Min. Prev. Med. Co	$ 65.00
99403	45 Min. Prev. Med. Co	$ 80.00
99404	60 Min. Prev. Med. Co	$ 100.00
	Preventative, Group Counseling	
11	30 Minute – Group	$ 30.00
99412	60 Minute – Group	$ 50.00
	Assessment	
96110	Developmental Exam	$ 29.40
92081	Vision Screening	$ 6.00

	Office Visit	Fee
99211	Office/Outpatient Visit	$ 30.00
99212	Office/Outpatient Visit	$ 50.35
	Family Planning:	
99204/05	Initial	$ 58.00
99213/14	Annual	$ 43.00
	Problem	$ 31.00
	Interim/Continuing	$ 18.00
	Breast & Cervical	
99204/05	Initial	$101.73
99213/14	Annual	$100.80
99212	Annual Breast	$ 39.97
99212	Annual Cervical	$ 39.97
99211	Repeat Pap	$ 17.98
99211	Re-Screen Breast	$ 17.98
n/a	Referral/Enrollment	$ 15.00
n/a	Referral/Prev. Enrolled	$ 15.00
47399	Liver Profile	
86580	PPD – Private Pay	$ 34.00
	Laboratory Services	
86706	Hep-B Surface Antibody – post	*
83655	Lead Screening	*
88150	Pap Smear	*
88142	Thin Prep Pap	*
84153	PSA	*
86762	Rubella Titer	*
81025	Pregnancy Test	*
99000	Specimen Handling	
	Comments/Notes:	

	Immunizations	Fee
90460	Admin. Fee 1 shot (Peds)	$ 19.85
90461	Admin. Fee 2+ shots(Peds)	$ 19.85
90471	Admin. Fee 1 shot or highest allowable rate	$ 25.00
90472	Admin. Fee 2+ shots or highest allowable rate	$ 25.00
90473	Administration Fee Oral/Intranasal or highest allowable rate	$ 25.00
90702	DT (pediatric)	*
90700	DTaP	*
90746	Hep-A Adult	*
90633	Hep-A Ped./Adol. (2-dose)	*
90746	Hep-B Adult	*
90744	Hep-B Pediatric/Adol.	*
90648	Hib – ActHib, Hiberix	*
90649	HPV - Gardasil	*
90650	HPV – Cervarix	*
90674	Influenza – Flucelvax (Single Dose Syringe)	*
90686	Influenza – Fluarix (Single Dose Syringe)	*
90696	Kinrix	*
90733	Meningococcal Menomune	*
90620	Meningococcal-Bexsero	*
90621	Meningococcal -Trumenba	*
90734	Meningococcal -Menactra	*
90707	MMR	*
90710	MMR/Varicella	*
90723	Pediarix	*
90698	Pentacel	*
90670	Prevnar – 13	*
90732	Pneumococcal	*
90713	Polio (IPV)	*
90680	Rotavirus Rota Teq	*
90681	Rotavirus Rotarix	*
90736	Zostervax	*
90750	Shingrix	*
90714	TD Adult	*
90715	Tdap	*
90716	Varicella	*
G0008	Adm. Medicare Flu	$ 25.00
G0009	Adm. Medicare Pneu.	$ 19.85
	Comments/Notes:	

*Actual Cost plus 20%

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

Responsible Party's Signature:

_____

Insurance Holder Information:
(copy insurance card)

Name: _____
Date of Birth: _____
Relationship to Patient: _____

Total Fee: _____
Patient Fee: _____
Amount Due: _____