

Description	Student Health Services Rate	Amount with Self-Pay Discount
Appointments		
<i>Additional charges may apply.</i>		
Office Visit for a problem or illness (new patient)	\$58.00 - \$144.00	\$23.20 - \$57.60
Office Visit for a problem or illness (established patient)	\$26.00 - \$95.00	\$10.40 - \$38.00
Travel health consulting appointment	\$35.00	\$35.00
Physical Exam		
<i>Not for a problem or illness, additional charges may apply.</i>		
New patient, ages 12 - 39	\$110.00	\$44.00
New patient, ages 40 - 64	\$130.00	\$52.00
Established patient, ages 12 - 17	\$95.00	\$38.00
Established patient, ages 18 - 39	\$95.00	\$38.00
Established patient, ages 40 - 64	\$120.00	\$48.00
Annual Well-Woman Exam & Women's Health		
<i>Additional charges may apply.</i>		
Office Visit - New patient	\$110.00 - \$130.00	\$44.00 - \$52.00
Office Visit - Established patient	\$95.00 - \$120.00	\$38.00 - \$48.00
Mirena, IUD	\$944.16	\$944.16
Skylla, IUD	\$786.17	\$786.17
IUD (intrauterine device) insertion	\$111.00	\$44.40
IUD (intrauterine device) removal	\$128.00	\$51.20
Pap smear (with technician and pathologist interpretation)	\$48.01*	\$46.00
Pap smear (with technician and pathologist interpretation) w/ reflex HPV screen	\$83.01*	\$64.00
Plan B Emergency Contraception	\$55.59	\$55.59
Immunizations		
Administration charge	\$33.00	\$5.00
Hepatitis B (for ages 18+), per dose	\$73.00	\$73.00
HPV (Gardasil-9), per dose	\$256.00	\$256.00
Influenza (Flu) - Registered Student	\$0.00	\$0.00
Meningococcal meningitis (Menactra)	\$160.00	\$160.00
Measles/Mumps/Rubella (MMR), per dose	\$85.00	\$79.00
Tetanus/diphtheria/pertussis (Tdap)	\$55.00	\$55.00
Therapeutic Injections		
Administration charge	\$33.00	\$5.00
Adrenalin epinephrine	\$6.00	\$2.40
Benadryl (diphenhydramine Hcl) 50mg	\$10.00	\$10.00
Bicillin LA (Penicillin G Benzathine)	\$67.00	\$67.00
Depomedrol (methylprednisolone) 40mg	\$8.00	\$3.20
Depomedrol (methylprednisolone) 80mg	\$15.00	\$15.00
Depo-Provera (medroxyprogesterone)	\$76.50	\$76.50
Epi-Pen	\$6.00	\$2.40
Rocephin (ceftriaxone)	\$10.00	\$10.00
Tigan (trimethobenzamide Hcl), per dose	\$15.00	\$6.00
Toradol (ketorolac tromethamine), per mL	\$0.42	\$0.42
Triamcinolone acetonide, per dose	\$3.00	\$1.20
Medical Supplies & Products		
Adjustable Wrist Ext/Flex Device	\$70.00	\$28.00
Crutches	\$45.00	\$45.00
Light Compression Bandage <3 yards	\$4.00	\$1.60
Light Compression Bandage >= 5/yd	\$6.00	\$2.40
Light Compression Bandage >=3 <5/yd	\$5.00	\$2.00
Procedures		
Electrocardiogram (ECG)	\$23.00	\$9.20
Nebulizer Treatment Administration	\$25.00	\$10.00
Venipuncture, Blood draw	\$5.00	\$5.00
In-House Laboratory Services		
Glucose, blood, reagent strip	\$5.00	\$5.00

Prices current as of 1/17/2019, subject to change.

*Prices set by reference lab company and subject to change at anytime.

Description	Student Health Services Rate	Amount with Self-Pay Discount
Helicobacter pylori Culture	\$25.00	\$25.00
Influenza, Rapid, Viral Culture	\$20.00	\$20.00
Mononucleosis Test	\$11.00	\$11.00
Occult Blood, Stool, Guaiac	\$25.00	\$25.00
Pregnancy test, urine	\$11.00	\$11.00
Strep Screen	\$20.00	\$20.00
Tuberculin (PPD) Skin Test	\$11.00	\$11.00
Urinalysis, Dipstick	\$5.00	\$5.00
Wet Smear	\$8.00	\$8.00
Send-Out Laboratory Services	Lab Price	Amount with Self-Pay Discount
ABO Group and Rh Type	\$13.49*	\$4.80
Amylase	\$7.34*	\$4.80
Bacterial Vaginosis/Vaginitis Panel	\$91.98*	\$42.00
Basic metabolic panel (BMP)	\$2.58*	\$6.00
Bilirubin, Fractionated	\$1.93*	\$7.20
CBC (includes differential and platelets)	\$2.40*	\$5.60
CBC (includes differential and platelets) with Pathologist Review	\$51.27*	\$18.80
Celiac Disease Comprehensive Panel	\$228.47*	\$13.20
Chlamydia & Gonorrhea (genital swab)	\$30.50*	\$18.00
Chlamydia & Gonorrhea (oral swab)	\$30.50*	\$18.00
Chlamydia & Gonorrhea (rectal swab)	\$30.50*	\$18.00
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat	\$30.50*	\$36.00
Complement Component C3, C4, CH50	\$234.00*	\$30.80
Comprehensive Metabolic Panel	\$3.22*	\$7.20
C-Reactive Protein (CRP)	\$22.56*	\$3.60
Culture, Aerobic & Anaerobic	\$47.77*	\$16.00
Culture, Aerobic Bacteria	\$19.58*	\$6.00
DHEA Sulfate, Immunoassay	\$66.19*	\$15.20
Epstein-Barr Virus Antibody Panel	\$124.27*	\$10.00
Estradiol	\$75.79*	\$19.20
Estrogens, Fractionated, LC/MS/MS	\$464.86*	\$22.00
Ferritin	\$4.37*	\$9.60
Follicle Stimulating Hormone (FSH)	\$41.66*	\$12.80
Gamma Glutamyl Transferase (GGT)	\$1.57*	\$5.20
hCG, Total, Qualitative	\$4.77*	\$5.20
hCG, Total, Quantitative	\$4.75*	\$10.40
Helicobacter pylori Antigen, EIA, Stool	\$111.54*	\$8.00
Hemoglobin A1c	\$7.17*	\$6.80
Hemoglobinopathy Evaluation	\$37.65*	\$18.40
Hepatic Function Panel	\$2.47*	\$5.60
Hepatitis B Core Antibody (IgM)	\$23.85*	\$8.40
Hepatitis B Core Antibody, Total	\$11.71*	\$8.40
Hepatitis B Surface Antibody Immunity, Quantitative	\$19.02*	\$7.20
Hepatitis B Surface Antibody, Qualitative	\$6.35*	\$7.20
Hepatitis B Surface Antigen with Reflex Confirmation	\$12.25*	\$27.20
Hepatitis C Antibody with Reflex to HCV, RNA, Quantitative, Real-Time PCR	\$9.61*	\$8.00
Hepatitis C Viral RNA, Quantitative, Real-Time PCR	\$155.30*	\$29.20
Hepatitis Panel, Acute with Reflex to Confirmation	\$54.28*	\$67.20
Herpes Simplex Virus 1 & 2 (IgG), Type-Specific Antibodies	\$40.63*	\$22.40
Herpes Simplex Virus 1 & 2 (IgM), IFA with Reflex to Titer, Serum	\$123.38*	\$44.80
Herpes Simplex Virus Culture	\$18.37*	\$23.20
Herpes Simplex Virus Culture with Reflex Typing	\$18.37*	\$27.20
Heterophile, Mono Screen	\$4.28*	\$11.00
HIV 1/2 Antigen and Antibodies, 4th Generation with Reflexes	\$16.31*	\$29.20
HIV 1/2 Antigen and Antibodies, State of Florida Test (FL. DEPT. of HEALTH TEST)	FL. DEPT. of HEALTH TEST	\$0.00
Iron, Total	\$1.59*	\$4.80

Prices current as of 1/17/2019, subject to change.

*Prices set by reference lab company and subject to change at anytime.

Description	Student Health Services Rate	Amount with Self-Pay Discount
Iron, Total and Total Iron Binding Capacity	\$3.08*	\$10.80
Lactate Dehydrogenase (LD)	\$1.52*	\$4.40
LH	\$41.66*	\$12.80
Lipase	\$20.50*	\$4.80
Lipid Panel, Standard	\$4.79*	\$9.20
Magnesium	\$1.64*	\$4.80
Measles Antibody (IgG) Titer	\$10.71*	\$14.00
Measles Antibody (IgM) Titer	\$83.60*	\$14.00
Microalbumin, Random Urine with Creatinine	\$13.33*	\$4.00
Mumps antibody blood titer	\$17.16*	\$23.00
Ova and Parasites with <i>Giardia</i> Antigen	\$206.48*	\$26.80
Ova and Parasites, Concentrate and Permanent Smear	\$14.32*	\$18.80
Pap smear (with technician and pathologist interpretation)	\$48.01*	\$46.00
Pap smear (with technician and pathologist interpretation) w/ reflex HPV screen	\$83.01*	\$64.00
Partial Thromboplastin Time, Activated	\$5.10*	\$4.40
Phosphate (as Phosphorus)	\$1.88*	\$3.60
Prolactin	\$10.75*	\$13.20
Prothrombin Time with INR	\$4.79*	\$2.80
PSA, Total	\$13.14*	\$12.80
PTH, Intact (ICMA) and Ionized Calcium	\$100.53*	\$41.60
PTH, Intact and Calcium	\$37.88*	\$32.00
QuantIFERON®-TB Gold	\$72.76*	\$42.40
Rheumatoid Factor	\$5.39*	\$4.00
RPR (Diagnosis) with Reflex to Titer and Confirmatory Testing	\$3.75*	\$3.20
RPR (Monitor) with Reflex to Titer	\$3.75*	\$6.40
Rubella antibody blood titer	\$9.57*	\$13.00
Salmonella/Shigella/Campylobacter, Culture and Shiga Toxin reflex <i>E. Coli</i> 0157, Culture	\$173.69*	\$14.80
Sed Rate Modified Westergreen	\$2.39*	\$2.00
Sickle Cell Screen	\$7.13*	\$4.00
Sickle Cell Screen (Athletics)	\$7.13*	\$4.00
Sickle Cell Screen with Reflex to Hemoglobinopathy Evaluation	\$7.13*	\$4.00
Strep Test	\$71.38*	\$10.40
T3 Uptake	\$2.19*	\$4.80
T3, Free	\$23.78*	\$11.60
T3, Total	\$3.87*	\$10.00
T4 (Thyroxine), Total	\$2.23*	\$4.80
T4 Free (FT4)	\$5.21*	\$6.40
Testosterone, Free (Dialysis) and Total, MS	\$208.52*	\$35.20
Testosterone, Total, Males (Adult), Immunoassay	\$12.25*	\$17.60
Testosterone, Total, MS	\$11.95*	\$17.60
Throat Culture	\$7.34*	\$6.00
Thyroid Peroxidase and Thyroglobulin Antibodies	\$133.63*	\$20.40
Thyroid Stimulating Hormone (TSH)	\$4.77*	\$11.60
TSH with Reflex to Free T4	\$4.77*	\$11.60
Uric Acid	\$1.64*	\$3.20
Urinalysis with Reflex to Microscopic	\$1.46*	\$4.00
Urinalysis, Complete	\$3.17*	\$2.40
Urinalysis, Complete, with Reflex to Culture	\$3.17*	\$2.40
Urinalysis, Microscopic	\$1.71*	\$2.40
Urine Culture, Routine	\$5.98*	\$5.60
Vaginosis/Vaginitis Plus, SureSwab®	\$1,023.35*	\$118.80
Varicella-Zoster Virus Antibody (IgG)	\$18.37*	\$22.00
Varicella-Zoster Virus Antibody (IgM)	\$36.08*	\$22.00
Vitamin B12 (Cobalamin)	\$11.02*	\$10.40
Vitamin B12 (Cobalamin) and Folate Panel, Serum	\$23.27*	\$20.80
Vitamin D, 25-Hydroxy, Total, Immunoassay	\$86.93*	\$20.40

Prices current as of 1/17/2019, subject to change.

*Prices set by reference lab company and subject to change at anytime.

Description	Student Health Services Rate
Dental Services	
Adult Prophylaxis	\$60.00
Application of Desensitive Medication	\$10.00
Cleaning and Inspection of Denture	\$0.00
Comprehensive Oral Eval - New Patient	\$32.00
External Bleaching - Per Arch	\$125.00
External Bleaching - Per Tooth	\$55.00
Fluoride Gel Carrier	\$75.00
Four or More Surfaces Anterior	\$155.00
Four or More Surfaces Posterior	\$197.00
Full mouth Debridement	\$75.00
Gingival Irrigation (Per Quadrant)	\$0.00
Gingivectomy/Plasty	\$125.00
Limited Oral Evaluation - Problem Focus	\$28.00
Local Irrigation	\$19.00
Night Guard	\$50.00
Nutritional Counseling Dental Disease	\$5.00
Occlusal Adjustment	\$20.00
Oral Hygiene Instructions	\$0.00
Periodic Oral Exam	\$28.00
Periodontal maintenance	\$79.13
Periodontal scaling & root planning	\$125.00
Periodontal scaling & root planning 1-3 Teeth	\$67.00
Pin Retention in addition to Restoration	\$0.00
Preventive Resin Restoration	\$0.00
Pulp Cap - Direct	\$45.00
Pulp Cap - Indirect	\$44.25
Re-cement Crown	\$62.00
Re-Evaluation Problem Focus	\$0.00
Repair or Fixed Retainer, Includes Reattachment	\$0.00
Resin Comp - One surface Anterior	\$79.00
Resin Comp - One surface Posterior	\$105.00
Resin Comp - Three surface Anterior	\$135.00
Resin Comp - Three surface Posterior	\$167.00
Resin Comp - Two surface Anterior	\$115.00
Resin Comp - Two surface Posterior	\$135.00
Sealant for Tooth	\$35.00
Sedative Filling	\$55.88
Tobacco Counseling Control	\$0.00
Topical Application of Fluoride	\$0.00
Topical Fluoride Varnish	\$10.00
Unspecified Anterior Procedure	\$0.00
Unspecified Periodontal Procedure	\$0.00
Xray - Bite Wing - Four Films	\$33.00
Xray - Bite Wing - Single Film	\$10.00
Xray - Bite Wing - Two Films	\$20.00
Xray - Full Mouth Series	\$75.00
Xray - Periapical Each additional Film	\$15.75
Xray - Periapical First Film	\$10.00
Xray - Vertical Bitewings	\$0.00

Prices current as of 1/17/2019, subject to change.

*Prices set by reference lab company and subject to change at anytime.