**Attachment “A”**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sec. 120.060.      Public Health Clinic Fees** | | | | | | | | | | |
|  | | | | | | | | | | |
| The fees for immunizations are as set forth in the following table: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Immunizations** | **Fee** | | | |  | **Immunization** | | | **Fee** | |
|  |  | | | |  | Typhoid (Oral) | | | $80.00 | |
| Typhoid (Inj) | $90.00 | | | |  |  | | |  | |
| MMR (Adult) | $95.00 | | | |  | Yellow Fever | | | $150.00 | |
| PPD | $25.00 | | | |  | IPV | | | $60.00 | |
|  |  | | | |  |  | | |  | |
|  |  | | | |  | Hepatitis A-Adult | | | $110.00 | |
| Hepatitis B-Adult | $100.00 | | | |  |  | | |  | |
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|  |  | | | |  |  | | |  | |
|  |  | | | |  | Meningococcal | | | $140.00 | |
| Tdap-Adult | $50.00 | | | |  | (Menactra) | | |  | |
| **Office Visit/Registration** | | | | | | | | | | |
| Travel Vaccine – consultation fee | | | | | | | | | $40.00 | |
|  | | | | | | | | |  | |
| Office Visit – charged to client for each individual visit | | | | | | | | | $10.00 | |
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