

Coconino County Public Health Services District

Immunization, TB Tests, and Biometric Screening Service Fees

2625 N. King St. Flagstaff, AZ 86004

Immunizations

Routine immunization fees and clinical services are offered on a sliding scale according to income. Proof of income (paystubs, SSI statements, financial aid awards) is required to qualify for the sliding scale. Vaccine costs are charged separately and in addition to the immunization administration fees. CCPHSD accepts some insurance carriers. Please contact your insurance plan to verify coverage.

Sliding Scale Service Fees (% Poverty Level)	0-150%	151-200%	201-250%	251+%
Adult Immunization Administration (initial dose)	\$ 15.00	\$ 30.00	\$ 45.00	\$ 60.00
Adult Immunization Administration (additional dose)	\$ 7.50	\$ 15.00	\$ 22.50	\$ 30.00
Child Immunization Administration (initial dose)	\$ 5.25	\$ 10.50	\$ 15.75	\$ 21.00
Child Immunization Administration (additional dose)	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
Influenza Vaccine Flat Fee (Regular Dose)				\$ 30.00
Influenza Vaccine Flat Fee (High-Dose)				\$ 50.00
TB Skin Test*	\$ 12.50	\$ 25.00	\$ 37.50	\$ 50.00
Biometric Screening*	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00

Travel Immunizations

Travel immunization and consult fees are charged at full cost. Vaccine costs are charged separately and in addition to the below administration fees. Consult fees must be self-paid and are required for travel appointments. CCPHSD accepts several insurance carriers. Please contact your insurance plan to verify coverage.

Travel Consult Fee	Initial Visit	Follow-Up Visit
Travel Consult*	\$ 70.00	\$ 30.00
Travel Vaccine Administration Fees	Single Dose	Multiple Doses
Adult Administration	\$ 60.00	\$ 90.00
Child Administration	\$ 21.00	\$ 10.00

*Non-billable to insurance

Please call the CCPHSD Clinic at 928-679-7222, Monday to Friday, 8 AM to 5 PM,
for more information or to schedule an appointment.

CCPHSD Clinic Vaccine Cost Sheet

Vaccine	Age Range	Series	Dose Cost	Schedule
Cholera	18-64	1	\$282.00	For travel only
Dtap	2 mo - 6 yrs	5	\$32.00	
Dtap / IPV (Kinrix)	4 - 6 yrs	1	\$57.00	
Dtap / IPV / Hep B (Pediarix)	6 wks - 6 yrs	3	\$79.50	
Dtap / IPV / Hib (Pentacel)	6 wks - 4 yrs	4	\$108.00	
Hepatitis A (Adult)	19 yrs +	2	\$49.00	0,6 months
Hepatitis B (Adult)	19 yrs +	3	\$53.00	0,1, 6 months
Hepatitis A (Child)	1-18 yrs	2	\$31.50	
Hepatitis B (Child)	0 -18 yrs	3	\$20.00	0,2,6 months
Hepatitis A/B Combo (Twinrix)	19 yrs +	3	\$94.50	Accelerated schedule 0, 7, 21-30 days 1 yr
Hib (Meningococcal)	6 wks - 4 yrs	4	\$31.00	
HPV 9	9 - 26 yrs	3	\$241.00	0,1-2, 6 months
Japanese Encephalitis *	2 mo +	2	\$353.00	Pre-order and/or prepay: Day 0,28
Measles/Mumps/Rubella (MMR)	1 yr +	2	\$85.00	Min. 28 days apart
Meningococcal (MCV4 Menactra)	11 - 55 yrs	2	\$141.00	One dose at 11-12, 2nd dose at 16-19yrs
Meningococcal B (Bexsero)	16 - 23 yrs		\$180.00	Two doses, 0-1 month
MMR/Varicella (Proquad)	4 - 6 yrs		\$245.00	2nd dose at 4-6 yrs
Pneumococcal 13 (Prevnar)	2 mo +		\$221.00	
Pneumococcal 23 (PPV23)	2 yrs +	1	\$114.00	
Polio	2 mo +	4 for kids	\$39.50	
Rabies	0 + yrs	3	\$381.50	Ask staff for schedule
Rotavirus	6 wks - 7 mo	3	\$101.00	
Tdap	10 yrs +	1	\$42.00	
Tetanus Diphtheria	7 yrs +		\$40.00	Every 10 years
Typhoid Injectable	2 yrs+		\$123.50	Lasts 2 years
Typhoid Oral	6 yrs +		\$58.00	Lasts 5 years
Varicella	1yrs +	2	\$150.00	2nd dose at 3-5 yrs of age
Yellow Fever	9 mo +		\$173.00	Lasts 10 years
Zoster (Shingles)	50 yrs +	2	\$170.50	

PER VFC PROGRAM NO CHILD WILL BE DENIED SERVICES BASED ON INABILITY TO PAY

Vaccine cost is based on cost of vaccine management: shipping, storage, handling, fees for wastage, etc. This total includes Federal Excise tax. Prices are subject to change depending on the market cost of the vaccine. CCPHSD Clinic is not responsible for national vaccine shortages. Exceptions to listed schedules and age indications may exist. Clinical screening is required to determine immunization recommendations.

A copy of our fees can be provided upon request. Please contact the Front Desk Staff at 928-679-7222 for more information.

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Provider Service Fees

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Sliding Scale Service Fees (% Poverty Level)	0-150%	151-200%	201-250%	251+%
Annual Wellness Exam*	\$ 37.50	\$ 75.00	\$ 112.50	\$ 150.00
Initial Office Visit*	\$ 37.50	\$ 75.00	\$ 112.50	\$ 150.00
Medical/Return Visit*	\$ 31.25	\$ 62.50	\$ 93.75	\$ 125.00
Teen Clinic Fee (18—19 years)				\$ 20.00
Teen Clinic Fee (under 18 years)				Free

*Exams are conducted by a licensed Nurse Practitioner and can encompass annual physicals, sexual health (testing and contraceptives), hormonal replacement therapy, HIV pre- and post- exposure prophylaxis, and other clinical services.

Follow Up Visits	0-150%	151-200%	201-250%	251+%
Depo-Provera Injection*				\$75.00
HIV PrEP Follow-up Exam	\$25.00	\$50.00	\$75.00	\$100.00

*Initial visit required; cost of injection added to initial visit

Additional Services (Cost Added to Visit)*	
Hepatitis C Screening	\$50.00
Herpes Simplex Virus Culture	\$100.00
IUD Insertion**	\$80.00
IUD Removal	\$40.00
Subdermal Implant Insertion**	\$150.00
Subdermal Implant Removal	\$100.00

*Annual wellness exam, initial office visit, or medical/return visit required

**Cost of device not included

Additional Services	0-150%	151-200%	201-250%	251+%
Sports Physical	\$7.50	\$15.00	\$22.50	\$30.00
Depression Screening	\$ 5.00	\$10.00	\$15.00	\$20.00
Substance Abuse Screening	\$7.50	\$15.00	\$22.50	\$30.00
Smoking/Tobacco Cessation (new)	\$12.50	\$25.00	\$37.50	\$50.00
Smoking/Tobacco Cessation (follow up)	\$10.00	\$20.00	\$30.00	\$40.00
Plan B				\$15.00
Group Classes				\$25.00
Pregnancy Testing Only				\$50.00

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