

Coconino County Health & Human Services

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 |

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. CCHHS accepts several insurance carriers. Please contact your insurance plan to verify coverage.

| Travel Consult Fee | Initial Visit | |
|------------------------------------|---------------|----------------|
| Travel Consult* | | \$ 80.00 |
| Travel Vaccine Administration Fees | Single Dose | Multiple Doses |
| Adult Administration | \$ 60.00 | \$ 30.00 |
| Child Administration | \$ 21.00 | \$ 10.00 |

*Non-billable to insurance

| Immunization Record Printout | X Record |
|------------------------------|----------|
| Record Printout | \$ 4.00 |

Please call the CCHHS Clinic at 928-679-7222, for more information or to schedule an appointment.

Monday - Thursday, 7 AM - 6 PM. Fridays, closed.

CCHHS Clinic Vaccine Cost Sheet

| Vaccine | Age Range | Series | Dose Cost | Schedule |
|-----------------------------------|---------------|------------|-----------|--|
| Cholera | 18-64 | 1 | \$317.00 | For travel only |
| Dtap (Daptacel) | 2 mo - 6 yrs | 5 | \$29.00 | |
| Dtap (Infanrix) | 6 wks –6 yrs | 5 | 25.00 | |
| Dtap / IPV (Kinrix) | 4 - 6 yrs | 1 | \$61.00 | |
| Dtap / IPV / Hep B (Pedarix) | 2 mos - 6 yrs | 3 | \$78.00 | |
| Dtap / IPV / Hib (Pentacel) | 6 wks - 4 yrs | 4 | \$120.00 | |
| Dtap / IPV/ Hib / Hep B (Vaxelis) | 2, 4 & 6mo | 3 | \$152.00 | |
| Hepatitis A (Adult) | 19 yrs + | 2 | \$120.00 | 0,6 months |
| Hepatitis B (Adult) | 19 yrs + | 3 | \$98.00 | 0,1, 6 months |
| Hepatitis B-CpG (Heplisav) | 18 yrs + | 2 | \$120.00 | |
| Hepatitis A (Child) | 1-18 yrs | 2 | \$54.00 | |
| Hepatitis B (Child) | 0 -18 yrs | 3 | \$47.00 | 0,2,6 months |
| Hepatitis A/B Combo (Twinrix) | 19 yrs + | 3 | \$120.00 | Accelerated schedule 0, 7, 21-30 days 1 yr |
| PedvaxHib Meningococcal | 6 wks - 4 yrs | 4 | \$45.00 | |
| HPV 9 | 9 - 26 yrs | 3 | \$311.00 | 0,1-2, 6 months |
| Japanese Encephalitis * | 2 mo + | 2 | \$402.00 | Pre-order and/or prepay: Day 0,28 |
| Measles/Mumps/Rubella (MMR) | 1 yr + | 2 | \$105.00 | Min. 28 days apart |
| Meningococcal (MedQuadfi) | 2 yr + | | \$173.00 | |
| Meningococcal B (Bexsero) | 16 - 23 yrs | | \$218.00 | Two doses, 0-1 month |
| MMR/Varicella (Proquad) | 4 - 6 yrs | | \$304.00 | 2nd dose at 4-6 yrs |
| Pneumococcal 13 (Prevnar) | 2 mo + | | \$264.00 | |
| Pneumococcal 20 (Prevnar) | 19 yrs + | 1 | \$ 290.00 | |
| Pneumococcal 23 (PPV23) | 2 yrs + | 1 | \$144.00 | |
| Polio | 2 mo + | 4 for kids | \$44.00 | 2 mos, 4 mos, 6-18 mos, 4-6 yrs |
| Rabies | 0 + yrs | 2 | \$448.00 | Ask staff for schedule |
| Rotavirus | 6 wks - 7 mo | 3 | \$110.00 | |
| Shingrix | 50 yrs + | 2 | \$211.00 | 2nd dose 2-6 mos after 1st |
| Tdap | 7yrs + | 1 | \$50.00 | |
| Tetanus Diphtheria | 7 yrs + | | \$68.00 | Every 10 years |
| Typhoid Injectable | 2 yrs+ | | \$143.00 | Lasts 2 years |
| Typhoid Oral | 5 yrs + | | \$97.00 | Lasts 5 years |
| Varicella | 1yrs + | 2 | \$185.00 | 1st 12-15 mos, 2nd 4-6yrs |
| Yellow Fever | 9 mos + | 1 | \$210 | |

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. CCHHS 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.

Updated 12.07.2022

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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), gender affirming hormone therapy (GAHT), 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 or GAHT 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** | \$105.00 |
| 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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