

San Antonio Metropolitan Health District Children Immunization Price List

	<u>FEE FOR ONE DOSE</u>
◆ DIPHTHERIA, TETANUS (DT)	\$45.00
◆ DIPHTHERIA, TETANUS, PERTUSSIS (DTAP)	\$35.00
◆ HAEMOPHILUS INFLUENZAE TYPE B (HIB)	\$35.00
◆ HEPATITIS A (SERIES OF 2 DOSES)	\$40.00
◆ HEPATITIS A/B COMBINATION (TWINRIX, SERIES OF 3 DOSES)	\$120.00
◆ HEPATITIS B (SERIES OF 3 DOSES)	\$25.00
◆ HUMAN PAPILLOMA VIRUS (HPV, SERIES OF 3 DOSES)	\$210.00
◆ INACTIVED POLIOVIRUS (IPV)	\$40.00
◆ INFLUENZA INJECTABLE	\$25.00
◆ INFLUENZA INTRANASAL SPRAY (FLUMIST)	\$30.00
◆ KINRIX COMBINATION (DTAP/IPV)	VFC ONLY
◆ MEASLES, MUMPS, RUBELLA (MMR)	\$80.00
◆ MENINGOCOCCAL (MCV4)	\$145.00
◆ PEDIARIX COMBINATION (DTAP/IPV/ HEP B)	\$85.00
◆ PENTACEL (DTAP/HIB/IPV)	VFC ONLY
◆ PNEUMOCOCCAL CONJUGATE - PREVNAR (PCV13)	VFC ONLY
◆ PNEUMOCOCCAL - PNEUMOVAX 23 (POLYVALENT)	\$70.00
◆ ROTAVIRUS (ROTA TEQ, SERIES OF 3 DOSES)	\$115.00
◆ TB SKIN TEST (NO TESTS ON THURSDAY; MUST RETURN IN 48-72 HOURS)	\$15.00
◆ TETANUS, DIPHTHERIA (Td)	\$30.00
◆ TETANUS, DIPHTHERIA, PERTUSSIS ADOLESCENTS (TdAP)	\$55.00
◆ VARICELLA (CHICKENPOX)	\$130.00

- **A \$14.85 ADMINISTRATIVE FEE IS CHARGED PER VACCINE FOR ALL VFC ELIGIBLE CLIENTS (EXCLUDING MEDICAID/CHIP CLIENTS)**
- **AN ADDITIONAL \$15 ADMINISTRATIVE FEE WILL BE CHARGED FOR ALL NON-VFC PROGRAM ELIGIBLE CLIENTS**
- **IMMUNIZATION RECORD FEE: \$5.00 PER COPY**

