

THE WHOLE CHILD CENTER*FEE SCHEDULE, eff. 1/1/2010*

WELL VISITS	FEE (\$)
New Patient <1 YR OLD	175
New Patient 1-5 YRS	200
New Patient 5-11 YRS	225
New Patient 12-17 YRS	250
New Patient 18+ YRS	300
Established Pt <1 YR OLD	125
Established Pt 1-4 YRS	150
Established Pt 5-11 YRS	175
Established Pt 12-17 YRS	200
Established Pt 18+ YRS	250

SICK/PROBLEM-BASED VISITS

New Patient, Brief	100
New Pt, Routine	150
New Pt, Detailed	200
New Pt, Comprehensive	300
Established Pt, Nurse only	25
Established Pt, Brief	50
Established Pt, Routine	100
Established Pt, Detailed	150
Established Pt, Comprehensive	200

SPECIALIZED CONSULTATIONS

CONSULTATION - Brief	150
CONSULTATION - Routine	225
CONSULTATION - Comprehensive (i.e. new patient)	300

HOSPITAL VISIT

Newborn, 1st day	150
Newborn, per subsequent day	100
Child - Inpatient, 1st day	200
Child - Inpatient, per sub. Day	150
Emergency Room visit	200

PROCEDURES

VISION TESTING	40
HEARING TESTING	50
BLOOD DRAW-VEINOUS (<3 YRS)	30
BLOOD DRAW-VEINOUS (>3 YRS)	20
URINALYSIS	10
LEAD TEST (fingerstick)	10
HEMOGLOBIN (fingerstick)	10
RAPID STREP TEST	20

VACCINES

IMMUN. ADMINISTRATION	20
DTaP	30
HAEMOPHILUS B (HIB)	30
HEPATITIS A	40
HEPATITIS B	30
INFLUENZA - INJECTABLE	30
INFLUENZA - INTRANASAL	35
MMR	60
MENACTRA (MCV4)	125
POLIO (IPV)	30
PREVNAR (PCV13)	120
ROTAVIRUS (ROTATEQ)	90
TDaP (ADOLESCENT)	50
VARIVAX	100