

Self Pay Form

All fees must be paid at time of service



Patient Name: _____

UC Visit Number: _____

DOB: _____

Visit Date: _____

Provider Office Visit \$150

Point of Care Testing

- Strep included
- Influenza included
- RSV included
- Covid included
- Glucose Check included
- Mono included
- Pregnancy included
- Urinalysis included
- Affirm STD Screening Quest Lab Fee
- Throat Culture Quest Lab Fee
- Urine Culture Quest Lab Fee
- Lyme Quest Lab Fee
- Other _____ Quest Lab Fee

Procedures

- Laceration Repair included
- Ear Irrigation included
- Foreign Body Removal included
- Nose Bleed Packing included
- Abscess Drainage included
- Ingrown Toenail Removal included
- Dislocation Reduction included
- Wound Debridement included

Medications

- IM Injection included
- Oral Medications included
- Nebulizer included

Non Provider Visit

- PPD Plant Only \$30
 - PPD Read Only* No Charge
 - Suture Removal* No Charge
- * only if placed by MCUC

Durable Medical Equipment

- Crutches \$30
- Sling \$25
- Splint \$30

Physicals

- School/Sports/Camp \$75
- Employment/Annual Basic \$70
- DOT Physical \$120
- Police Academy \$100

Occupational Health

- Drug Screen \$40
- Breath Alcohol Testing \$50

Immunizations

- Flu \$40
- Td \$45
- Tdap \$75
- HepB \$70

Digital Xrays (Per Study) \$60

EKG \$50

Patient Signature: _____

Total: _____

Staff Initials: _____

*Additional Fees may be warranted and billed based on discussions with your provider.