



## City Care Family Practice, P.C.

461 Park Avenue South, 9<sup>th</sup> Floor

New York, NY 10016-7570

Phone 212-545-1888

Fax 212-545-1919

## Self-Pay Fee Schedule

A self-pay patient is one who has no health insurance and pays in full after the visit. We will not send a claim/documentation to any third-party liability for reimbursement such as out-of-network insurance, worker's compensation, or no-fault auto insurance. **Self-pay patients are eligible for 15% discount by providing a discount code found in the [SERVICES](#) page of our website.**

Visits		Fees
General visit (sick visit, pre-operative clearance, pap smear, adult ADHD evaluation, or well child visit, Tele-visit)	\$	350.00
Forms visit (General OV + form fee)	\$	350.00
Travel counseling visit (plus vaccine fees if applicable)	\$	350.00
ADHD quick refills visit **	\$	150.00
Lab results follow – up visits ***	\$	150.00
Procedures		
Wart removal/freezing (per treatment)	\$	350.00
Ear irrigation/ Earwax removal	\$	350.00
Foreign Body Removal, simple	\$	350.00
Suture Removal, simple (surgery done in another office)	\$	350.00
Mole/Cyst removal/Biopsy (consultation \$100 + procedure fee) ****		<i>depends on evaluation</i>

### --Subject to change without prior notice--

\* **Up to 30 minutes discussion with the healthcare provider.** Visit fee includes in-house urinalysis, rapid strep test, rapid flu test, urine pregnancy test, wet mount, and EKG if medically necessary. Excludes vaccinations, TB testing, urine culture, and blood tests. Lab tests are billed separately by the laboratory w/c gives 70% discount for uninsured patients.

\*\* For quick ADHD medication refill previously prescribed at City Care Family Practice inclusive on in-house urine drug screening if necessary

\*\*\* Lab tests ordered at City Care Family Practice

\*\*\*\* Excludes Laboratory biopsy fee

Vaccines		Fees
DTaP (Diphtheria-Tetanus-Pertussis) pediatric	\$	50.00
DTaP, Hepatitis B, & IPV combo	\$	145.00
Flu shot, injectable	\$	30.00
Gardasil (Human Papilloma virus/ HPV)	\$	435.00
Hepatitis A (> 19 y.o.)	\$	130.00
Hepatitis B (> 19 y.o.)	\$	220.00
HIB (Haemophilus influenzae type b)	\$	55.00
IPV (Injectable Polio)	\$	80.00
Skin Test TB	\$	20.00
Menqadfi (Meningococcal conjugate vaccine)	\$	250.00
MMR (Measles-Mumps-Rubella)	\$	150.00
PCV 13 (Pneumococcal-13)	\$	370.00
PCV 20 (Pneumococcal-20)	\$	400.00
Rotateq (Rotavirus)	\$	150.00
Shingrix (Recombinant Zoster)	\$	350.00
TDaP (Tetanus-Diphtheria-Pertussis, Boostrix)	\$	80.00
Typhoid vaccine (Typhim) injectable	\$	220.00
Chickenpox (Varicella)	\$	270.00
Yellow Fever	\$	340.00