



Payment: I, _____, understand any charges incurred during my office visit today will be charged to my Student Account. No Insurance will be filed.

Date: _____ Reason for visit: _____

Patient Name: _____ Student ID: _____

Address: _____ Birthday: _____

City: _____ State: _____ Zip: _____ Phone #: _____

A-State Email: _____@smail.astate.edu Pharmacy: _____

Emergency Contact Name: _____ Relation: _____ Phone #: _____

Check One: Asian ___ Black ___ Hispanic ___ Other ___ White ___	Check One: Female: ___ Male: ___	Insurance Not Billed. Carrier for Referral Purposes Only Medicaid: Yes ___ No ___ Private Insurance: Yes ___ No ___
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*****DO NOT MARK BELOW THIS LINE*****

VISITS

- ___ Sick/Acute Illness
- ___ Follow-Up/Chronic
- ___ Pap \$75
- ___ Pap w/HPV \$110
- ___ Pelvic Exam \$20
- ___ Physical \$35 w/urine & HGB
- ___ STD Panel \$80 (G/C, HIV, RPR)
- ___ STD Panel \$100 male (G/C, HIV, RPR, Trich)

IN HOUSE LABS

- ___ Glucose FS \$10
- ___ HGB \$5
- ___ Mono Screen \$10
- ___ Pregnancy Test, Urine \$10
- ___ Strep Screen \$10
- ___ Urinalysis \$15
- ___ Flu Test \$25
- ___ H. Pylori \$20

EXTRAS

- ___ Ace Wrap \$5
- ___ Eye Wash \$5
- ___ Wound Care \$5
- ___ Steri Strips \$5
- ___ Scalpel \$5
- ___ Cold Pack \$5
- ___ Rental/Crutches \$10
- ___ Boot Fee \$25
- ___ Medication Fee \$5

PROCEDURES

- ___ Ear Irrigation \$10
- ___ Microscope Exam \$10
- ___ Stitches \$25/Removal \$10
- ___ I&D \$25
- ___ Updraft \$10
- ___ Tricloric Treatment \$15
- ___ Vision Screen \$10

SEND OUT LABS

- ___ CBC \$20
- ___ EBV \$20
- ___ CMP \$15
- ___ G/C \$50
- ___ HIV \$20
- ___ RPR \$15
- ___ TSH \$10
- ___ T4 Free \$10
- ___ T3 Total \$10
- ___ Hepatitis B Titer \$20
- ___ MMR Titer \$30
- ___ Varicella Titer \$20
- ___ Iron Total, IBC \$15
- ___ Hemoglobin A1C \$15
- ___ Herpes Culture \$60
- ___ Routine Culture \$40
- ___ Throat Culture \$20
- ___ Urine Culture \$30
- ___ Pregnancy Test (blood) \$20
- ___ Trich Screening (Male) \$35.00
(Female) \$40.00

Victoria Ashlee

Karen Ginger

IMMUNIZATIONS

- ___ Flu Shot \$20
- ___ TB Skin Test \$10
- ___ Tdap \$45
- ___ Hepatitis A \$55
- ___ Hepatitis B \$65
- ___ MMR \$70
- ___ T-Spot \$65

OTHER INJECTIONS

- ___ Injection Fee (Allergy Shot) \$5
- ___ Dex-Mix \$30
- ___ Rocephin 1gm \$30
- ___ Rocephin 250mg \$15
- ___ B-12 \$15
- ___ Phenergan \$10

Rx Written _____

of Labs _____

Amount Due _____

___ NYIT Student
___ Career Advancement Student