

AUM-STUDENT HEALTH CENTER ENCOUNTER FORM

NAME: <u>Morgan Drinkard</u>	DATE: <u>9/8/17</u>
------------------------------	---------------------

OFFICE VISITS	<u>Non-Student Fee</u>	<u>AUM Student Co-Pay</u>	Re-Check Fee	No Charge
Limited Service:	\$ 15.00	\$ 5.00	Travel RX	<u>\$ 15.00</u>
Comprehensive Physical	\$ 35.00	\$ 35.00	Inj. Admin.	\$ 5.00
GYN w/ PAP	\$ 45.00	\$ 45.00	Other:	

IMMUNIZATIONS: No Office Visit Fee

Diphtheria & Tetanus TDaP	\$ 30.00 \$ 40.00	Hepatitis A	\$ 40.00	TB skin test 1-step	\$ 10.00
Typhoid	<u>\$ 77.00</u>	Hepatitis B	\$ 50.00	TB skin test 2-step	\$ 20.00
Polio	\$ 45.00	Twinrix Hepatitis A & B combined	\$ 75.00	MMR	\$ 75.00
Yellow Fever	\$ 150.00	Meningococcal	\$ 140.00	Varicella	\$ 150.00

MEDICATIONS

Dose Pack	\$ 8.00	Hydrocortisone Cream 2.5%	\$ 6.00	INH 300mg	\$ 9.00
Azithromycin 1G	\$ 6.00	Solumedrol 125mg injection	\$ 6.00	Ceftriaxone 1G	\$ 18.00
Ceftriaxone 250mg	\$ 6.00	Phenergan 25mg/ml	\$ 5.00	Tobramycin 0.3%	\$ 5.00
Ketorolac 30mg	\$ 6.00	Other:		Other:	

Lab Fees

Urine Preg. Test	\$ 10.00
Hepatitis B Surface Antigen	\$ 15.00
Varicella IgG	\$ 25.00
MMR Titer	\$ 55.00
CBC	\$ 7.00
STI Testing	\$ 5.00
Other Lab Fees:	

MEDICATION CHARGES (FORMULARY)

DIAGNOSIS/SERVICES

Rx for Malaria - \$15
Typhoid - \$77

Total Charges	Services	\$	Intake Cash Check <u>Charge</u> (Please circle)	Amount Due	\$ <u>92</u>
	Meds	\$		Amount Paid	\$ <u>92</u>
	Total	\$		(Outstanding)	\$