

CITY OF KANSAS CITY, MISSOURI HEALTH DEPARTMENT
Adult/International Travel Immunization Clinic
2400 Troost – Suite 1600 Kansas City, MO 64108 (816) 513-6008
TAX ID# 44-6000201 NP# 1841276672

Client's name _____ Appointment Date/Time _____ Age _____ Sex _____ Race _____

City _____ State _____ Zip code _____ Unit number _____

Vaccine/Service	Number of Doses/Test	Cost per dose
Hepatitis A Vaccine	2	\$55
Hepatitis B Vaccine	3	\$60
HEPATITIS B Titer QUALITATIVE (Blood Test)		\$35
HEPATITIS B Titer QUANITATIVE (Blood Test)		\$90
HEPATITIS B SURFACE ANTIGEN TEST (Blood Test)		\$90
HEPATITIS C ANTIBODY SCREEN WITH REFLEX (BLOOD Test)		\$40
Human Papilloma Virus Vaccine (HPV)	2-3	\$235
IMMIGRATION		\$125
Influenza Vaccine (Flu)	1 annually	\$35
Influenza Vaccine (Flu) High Dose 65+		\$60
Malaria Visit (Anti-Malaria Medication Prescription)		\$40
Measles Mumps Rubella Vaccine (MMR)	1-2	\$100
MMR Titer (Blood Test)	as needed/prescribed	\$65
Meningitis B Vaccine	1	\$175
Meningitis Vaccine	1	\$160
Physicians Moderate Consult - 009		\$25
Physicians Routine Consult - 010		\$15
Physicians Complicated Consult - 011		\$40
Pneumonia Vaccine (PCV13)	1	\$235
Pneumonia Vaccine (PPV23)	1-2	\$115
Polio Vaccine (IPV)	1	\$75
Pregnancy Test (Blood)		\$20
Rabies Vaccine	Pre and Post exposure per dose	\$350
Shot Records		\$1
Tetanus & Diphtheria Vaccine (Td)	1 w/booster dose every 10 years	\$55
Tetanus, Diphtheria, Pertussis Vaccine (TDAP)	substitute 1 dose TDAP for Td	\$55
**Tuberculin Skin Test (TB Skin Test)	as necessary (not to be repeated after positive result)	\$25
T-Spot (TB Blood Test)		\$100
Twinrix Vaccine (Combination Hep A/Hep B)	3	\$95
Typhoid Vaccine	1 w/booster dose every 2 years	\$100
Varicella Vaccine (Chickenpox)	2	\$135
Varicella Titer (Blood Test)		\$40
Varicella Zoster Vaccine (Shingles)	1	\$155
URINE DRUG TEST		\$100
Yellow Fever Vaccine	1 w/booster dose every 10 years	\$165
Yellow Fever Replacement Documentation Card		\$25
Zika Testing (Blood Test)	Prior approval from DHSS	\$30

*Adult Non-KCMO residents - \$10 additional per visit. *Child Non-KCMO residents - \$10 for the first child and \$5 per additional sibling per visit.

**Fees for vaccinations are subject to change ** Fee covers TB Skin Test placement and return visit for reading. Tests cannot be placed on Thursdays.

Provider _____ Total Payment \$ _____ Number _____ CSR initials _____