



Student Health Center Fee Schedule

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As a result of the Affordable Care Act, certain services at the student health center are now free of charge to students enrolled in the AU Student Health Insurance Plan. These include preventative care visits (including gynecological annual exams), immunizations, and birth control.

Students who are not covered by the AU plan may also receive these services free of charge from their insurance carrier. However, because we do not bill insurance, you will have to pay for the services at the student health center and seek reimbursement directly from your insurance carrier. The student health center can provide you with a receipt that you can submit to your insurance company.

VISIT FEES (PER VISIT)	AU INSURANCE	NON AU INSURANCE
Routine Visit	20	20
Physical Exam	0	30
Annual Women's Exam	0	30
Initial Visit with Psychiatrist	75	75
Follow Up visit with Psychiatrist	35	35
HIV Test - Ora Quick	0	20

IMMUNIZATIONS	AU INSURANCE	NON AU INSURANCE
Hepatitis B per injection	0	80
HPV Vaccine per injection	0	265
Meningitis vaccine	0	150
Meningitis B Trumenba	0	160
MMR per injection	0	90
Tetanus / Diphtheria/Pertussis	0	60
TB Testing (Placement and Reading)	10	10
Varicella per injection	0	150

TITERS	CHARGE	CHARGE
Hepatitis B titer	25	MMR titer 50
Polio Titer	75	Varicella antibody titer 20
LABORATORY/BLOODWORK	CHARGE	CHARGE
Blood Draw (for students not on the AU plan)	10	PAP Smear (not billed to insurance) 50
Pregnancy Test Blood (not billed to insurance)	20	Pregnancy Test 20
Rapid Bacterial Vaginosis	20	Rapid Influenza 30
Rapid Mono	15	Rapid Strep Test 15
UA- Dipstick	10	
SUPPLIES	CHARGE	CHARGE
Ace Bandage	5	Air Stirrup 35
Crutches	40	

INJECTIONS		CHARGE		CHARGE
Allergy Injections per semester	60		Benadryl	10
Ceftriaxone 250mg	15		Depo Provera Administration	15
Epinephrine	10		Ketorolac	15
Promethazine	15			

STI Testing		CHARGE		CHARGE
Chlamydia/Gonorrhea	50		Herpes	45
Hepatitis C	25		HIV Test –Blood (not billed to insurance)	30
HIV Test – Oraquick	20		Syphilis	20

MEDICAL RECORDS			
Under 10 pages	\$1 per pg	Over 10 pages	15

MEDICATIONS		
ALLERGY/ASTHMA	CHARGE	CHARGE
Prednisone 10mg (#30)	15	

ANTIBIOTICS	CHARGE	CHARGE
Amoxicillin (#20)	15	Azithromycin 15
Cephalexin 500mg (#28)	15	Ciprofloxacin 500 mg (#6) 15
Ciprofloxacin 3% ophthalmic solution	15	Doxycycline 100mg (#14 tablets) 15
Fluconazole 150mg (#1)	15	Penicillin VK 500mg (#20) 15
Trimeth Sulfa DS (#6)	15	

CONTRACEPTION	CHARGE	CHARGE
Ella	30	E Contra (Plan B) 10
Previfem	15	Tarina 15
Tri-Previfem	15	

PAIN RELIEF	CHARGE	CHARGE
Phenazopyridine 200mg (#6)	15	