AMERICAN UNIVERSITY
WASHINGTON, DC

Student Health Center
2026-2027 Fee Schedule

Fees as of August 1, 2026 and subject to change.

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	25	25
Physical Exam	0	40
Annual Women's Exam	0	35
Initial Visit with Psychiatrist	80	80
Follow Up visit with Psychiatrist	40	40
Immunization Appointment	0	10
No Show Fee for Routine and Psychiatric Visits	25	25
No Show Fee for Immunization Visits	10	10

IMMUNIZATIONS	AU INSURANCE	NON AU INSURANCE
Hepatitis B per injection	0	95
HPV Vaccine per injection	0	325
Meningococcal ACWY	0	185
MMR per injection	0	115
Tetanus / Diphtheria/Pertussis	0	75
Varicella per injection	0	185

INJECTIONS	CHARGE		CHARGE
Benadryl	10	Ceftriaxone 500mg	25
Epinephrine	10	Gentamycin	10
Depo Provera Administration	15	Epinephrine	10
Injection Teaching Session	10	Ketorolac	15
Promethazine	15	Outside Medication Administration/Teaching	10
LABORATORY/BLOODWORK	**CHARGE**		**CHARGE**
Covid Antigen Test	10	Pregnancy Test (Urine)	20
Pregnancy Test Blood (not billed to insurance)	25	Rapid Influenza	30
Rapid Mono	15	Rapid Strep Test	15
UA- Dipstick	10		
MEDICATIONS	**CHARGE**		**CHARGE**
Augmentin	15	Azithromycin	15
Doxycycline 100mg (#14 tablets)	15	Fluconazole 150mg (#1)	15
Nitrofurantoin	20	Ondansetron	15
Penicillin VK 500mg (#20)	15		
CONTRACEPTION	**CHARGE**		**CHARGE**
Ella	35	E Contra (Plan B)	10

SUPPLIES	CHARGE		CHARGE
Ace Bandage	5	Air Stirrup	35
Arm Sling	10	Blood Pressure Monitor	20
Crutches	40	Spacer for inhaler	15
Wrist Support	20		

TITERS	CHARGE		CHARGE
Hepatitis B titer	10	MMR titer	25
Polio titer	75	Varicella antibody titer	15

STI Testing Not Billed to Insurance	CHARGE		CHARGE
Chlamydia/Gonorrhea (per site) (183194)	20	Herpes (188056)	160
Hepatitis C (144127)	25	HIV Test –Blood (083935)	20
Syphilis (012005)	10	Lab Corp Processing Fee	10

MEDICAL RECORDS			
Immunization Record	$5	Full Medical Record	$20