

PROCEDURES**COST**

Annual check-up and Preventative Visit	25
Additional Primary Care or Urgent Care visits	25
Palliative Treatments	50
Removal of Soft Tissue Lesions	
Suturing or Removal of Suture	
Incision and Drainage of Abscess	
Collection of Blood or Specimen	10
Pediatric Vaccines	
DTaP (Daptacel®)	30
DTaP (Infanrix®)	25
DTaP-IPV (Kinrix®)	50
DTaP-Hep B-IPV (Pediatrix®)	75
DTaP-IP-HI (Pentacel®)	90
e-IPV (IPOL®)	35
Hepatitis A Pediatric (Vaqta®)	35
Hepatitis A Pediatric (Havrix®)	30
Hepatitis A-Hepatitis B 18 only (Twinrix®)	95
Hepatitis B Pediatric/Adolescent (Recombivax HB®)	25
Hepatitis B Pediatric/Adolescent (Engerix-B®)	25
Hib (PedvaxHIB®)	25
Hib (ActHIB®)	30
HIBMENCY (MENHIBRIX®)	25
HPV -Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant (Gardasil®)	165
HPV-Human Papillomavirus 9 Valent (Gardasil®9)	180
HPV-Human Papillomavirus Bivalent Types 16 and 18 (Cervarix®)	130
Measles, Mumps, & Rubella (M-M-R®II)	65
Meningococcal Conjugate (Menveo®)	120
Meningococcal Conjugate (Menactra)	115
MENB - Meningococcal Group B (Trumenba®)	120
MENB - Meningococcal Group B (Bexsero®)	165
Pneumococcal 13 valent Pediatric (Prevnar 13™)	165
Pneumococcal Polysaccharide 23 Valent (Pneumovax®23)	80
Rotavirus, Live, Oral, Pentavalent (RotaTeq®)	80
Rotavirus, Live, Oral, Oral (Rotarix®)	110
Tetanus and Diphtheria Toxoids (Tenivac)	30
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Adacel)	45
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Boostrix®)	40
Varicella (Varivax®)	110

-Some of the procedures and vaccines may not be provided by all doctors on Doctors Network. For more information contact each provider directly before making a selection.

-The pricing is based on the brand of each vaccine in parenthesis.

-EKG, pulse oximetry, and peak flows are considered a part of annual exam.

PROCEDURES**COST****Pediatric Influenza Vaccine Brands**

Fluzone® (Age 6 months and older)	15
Fluzone® Quadrivalent (Age 6 months and older)	20
Fluzone® Quadrivalent No Preservative (Age 36 months and older)	20
Fluzone® Quadrivalent Pediatric dose No Preservative (Age 6-35 months)	25
Fluarix® Quadrivalent Preservative Free (Age 36 months and older)	20
Fluvirin® (Age 4 years and older)	15
Fluvirin® Preservative Free (Age 4 years and older)	20
FluLaval Quadrivalent (Age 36 months and older)	20
Afluria® No Preservative (Age 9 years and older)	15
Afluria® (Age 9 years and older)	15
FluMist® Quadrivalent No Preservative, Live, Intranasal (Age 2-49 years)	25