## Hirsch Pediatrics Discounted Fee Schedule (updated 10/20/22) Out-of-network Insurances

PLEASE READ: The discounted "out-of-network" rates listed below are available for families who alert Hirsch Pediatrics of their insurance status <u>BEFORE</u> the appointment. <u>Families who present insurance at the appointment that is later found to be terminated on the date of appointment are not eligible for a retroactive discount.</u> Therefore, to receive the discounted fee schedule if you are out-of-network, you must notify us <u>BEFORE</u> the appointment.

\*\* Note: Children who are uninsured may be eligible to receive all vaccines at no charge through the Montgomery County Health Department. Please call our office for more details.

Fee Schedule		
sick visit	\$95	To help families anticipate out-of-pocket expenses, Hirsch Pediatrics includes ALL additional labs tests, procedures, and screening tests in the sick and well child visit fees.
well child exam	\$195	Note: The ONLY additional cost is for the vaccines. Please see below for vaccine expenses.

Individual Vaccine Costs				
Vaccine	Out-of-network insurance			
Pentacel (DTaP/Hib/Polio)	\$165			
Hepatitis B	40			
Prevnar	354			
Rotateq	140			
MMR	135			
Hepatitis A	56			
DTaP	42			
Hib	18			
Varivax	235			
Polio	44			
Proquad (MMR/Varivax)	389			
Quadracel (DTaP/Polio)	86			
Tdap	66			
Meningitis ACWY	187			
Gardasil	337			
Flu	45			

## Hirsch Pediatrics Discounted Fee Schedule (updated 10/20/22) Out-of-network Insurances

PLEASE READ: The discounted "out-of-network" rates listed below are available for families who alert Hirsch Pediatrics of their insurance status <a href="BEFORE">BEFORE</a> the appointment. <a href="Families who present insurance at the appointment that is later found to be terminated on the date of appointment are not eligible for a retroactive discount.">Therefore</a>, to receive the discounted fee schedule if you are out-of-network, you must notify us <a href="BEFORE">BEFORE</a> the appointment.

\*\* Note: Children who are uninsured may be eligible to receive all vaccines at no charge through the Montgomery County Health Department. Please call our office for more details.

Age	Additional vaccines usually done at appointment	Out-of-network Insurance total cost
Newborn first	none	\$195
check-up		
2 week	none	195
1 month	none	195
2 month	Pentacel (DTaP/Polio/Hib), Hepatitis B, Prevnar, Rotateq	894
4 month	Pentacel (DTaP/Polio/Hib), Prevnar, Rotateq	854
6 month	Pentacel (DTaP/Polio/Hib), Hepatitis B, Prevnar, Rotateq	894
9 month	none	195
12 month	MMR, Prevnar, Hepatitis A	740
15 month	DTaP, Hib, Varivax	490
18 month	Hepatitis A	251
24 month	none	195
3 year	none	195
4 year	Quadracel (DTaP/Polio), Proquad (MMR/Varivax)	670
5 – 10 year	none	195
11 year	Tdap, Meningitis ACWY, Gardasil*	785
12 - 15 years	none	195
16 year	Meningitis ACWY	382
17 - 21 years	none	195

<sup>2</sup>