



### Same Day Cash Discount Form

*Houston*  
  *Broadway*  
  *Glenwood*  
  *Jacksonville*  
  *Athens*  
  *Gentry*

This form is for any patient who is self-pay (did not apply/qualify for the sliding fee scale or has no insurance or chooses not to use insurance). By signing this document, you are assuming 100% responsibility for any/and all charges that will be incurred for any/and all services for the same day. We will renew this document for every appointment. In case your financial/insurance status changes by your next appointment, please feel free to apply for our sliding fee program. Please note that future qualifications for sliding fee scale discount will not be retroactively adjusted.

- The discount you are certified will be effective today only.
- The discount will apply to only the services received at Family Circle of Care, that includes:

Visit Type	Original Price	Discounted Price
New Patient Office Visit	\$93.00	\$46.50
New Patient Office Visit (15-29 Minutes)	\$148.00	\$74.00
New Patient Office Visit (30-44 Minutes)	\$249.00	\$124.50
New Patient Office Visit (45-59 Minutes)	\$360.00	\$180.00
New Patient Office Visit (60-74 Minutes)	\$445.00	\$222.50
Established Patient Office Visit	\$60.00	\$30.00
Established Patient (10-19 Minutes)	\$108.00	\$54.00
Established Patient (20-29 Minutes)	\$163.00	\$81.50
Established Patient (30-39 Minutes)	\$205.00	\$102.50
Established Patient (40-54 Minutes)	\$281.00	\$140.50
<1 New Well Child	\$189.00	\$94.50
1-4 New Well Child	\$204.00	\$102.00
5-11 New Well Child	\$218.00	\$109.00
12-17 New Well Child	\$233.00	\$116.50
18-39 New Well Check	\$303.00	\$151.50
40-64 New Well Check	\$366.00	\$183.00
65 & Over New Well Check	\$391.00	\$195.50
<1 Well Child	\$155.00	\$77.50
1-4 Well Child	\$165.00	\$82.50
5-11 Well Child	\$179.00	\$89.50

12-17 Well Child	\$194.00	\$97.00
18-39 Well Check	\$181.00	\$90.50
40-64 Well Check	\$199.00	\$99.50
65 & Over Well Check	\$221.00	\$110.50
Vaccine Admin Fee	\$50.00	\$25.00
Rabies	\$573.00	\$286.50
Respiratory Syncytial Virus 50 MG	\$2,741.00	\$1370.50
Menb-fhbp recombnt lipoprotein 2/3 dose	\$246.00	\$123.00
HepA Vaccine Adult Dose	\$133.00	\$66.50
HepA Vaccine 2 dose schedule ped/adolesc	\$103.00	\$51.50
HepA/HepB Vaccine	\$152.00	\$76.00
Hib prp-omp vaccine 3 dose schedule	\$84.00	\$42.00
Hib prp-t vaccine 4 dose schedule	\$86.00	\$43.00
4vhpv vaccine 3 dose schedule	\$320.00	\$160.00
3vhpv vaccine 3 dose schedule	\$273.00	\$136.50
9vhpv vaccine 2/3 dose schedule	\$297.97	\$148.98
IIV3 Vaccine Preservative Free virus 0.5 ML	\$35.00	\$17.50
IIV3 Vaccine split virus 0.5 ML	\$30.00	\$15.00
CCIIV3 Vaccine Preservative Free 0.5 ML	\$40.00	\$20.00
IIV Vaccine Preserv Free Increased AG Count	\$20.00	\$10.00
PCV13 Vaccine for intramuscular use	\$297.00	\$148.50
LAIV4 Vaccine for Intranasal use	\$70.00	\$35.00
PR Rabies Vaccine, IM	\$629.00	\$314.50
PCV20 Vaccine for Intramuscular use	\$255.00	\$127.50
RV5 Vaccine 3 dose schedule live for oral dose	\$98.00	\$49.00
RV1 Vaccine 2 dose Schedule live for oral use	\$272.00	\$136.00
RIV4 Vaccine Recombinant DNA PRSRV antibio free IM	\$55.00	\$27.50
IIV4 Vaccine PRSRV Free 0.25 ML dose for IM Use	\$60.00	\$30.00
IIV4 Vaccine PRESRV Free 0.5 ML dose for IM use	\$20.00	\$10.00
DTAP-IPV/HIV Vaccine for intramuscular use	\$172.00	\$86.00
DTAP 7 Years and up	\$107.00	\$53.50

MMR Virus Immunization subcutaneous	\$159.00	\$79.50
Combined MMR + Varicella	\$264.00	\$132.00
Poliomyelitis	\$100.00	\$50.00
TD Vaccine PRSRV Free 7 years or older for IM use	\$52.00	\$26.00
Var Vaccine live for subcutaneous use	\$221.00	\$110.50
DTAP-HEPB-IPV Vaccine intramuscular use	\$185.00	\$92.50
PPSV23 Vaccine 2 years or older for subcutaneous/IM use	\$124.00	\$62.00
MENACWYD/MENACWY-CRM Conj Vaccine GRPS ACWY IM use	\$129.00	\$64.50
PR zoster vaccine HZV live for subcutaneous use	\$334.00	\$167.00
HEPB vaccine adult 3 dose schedules for IM use	\$149.00	\$74.50
HZV Zoster Vaccine Recombinant Adjuvanted IM	\$253.00	\$126.50

\*All kids qualify for “vaccines for Texas” \*

Name of responsible party: (First, Middle initial, Last)	Date of Birth:	County:
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Name of patient if different from above: (First, Middle initial, Last)	Date of Birth:	County:
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\_\_\_\_\_  
Responsible party's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



**Forma de Descuento por pronto pago del mismo día**

*Houston*  
  *Broadway*  
  *Glenwood*  
  *Jacksonville*  
  *Athens*  
  *Gentry*

Este formulario es para cualquier paciente que pague con pronto pago del mismo día (no aplico o califico para la escala de tarifas o no tiene azeguranza o prefiere no usar su azeguranza). Al firmar este documento, usted está asumiendo 100% de la responsabilidad de cualquier y todos los cargos que se incurrirán por cualquiera de los servicios del día de hoy. Renovaremos este documento cada cita. En caso de que su estado financiero o su seguridad cambie dentro del año, no dude en solicitar nuestro programa de tarifas. Tenga en cuenta que las futuras calificaciones para el descuento por escala móvil no se ajustarán retroactivamente.

- El descuento será valido por su cita del día de hoy.
- El descuento aplica para los servicios ofrecidos en family circle of care, que incluyen los siguientes:

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\*Todos los niños califican para “vaccines for Texas”. \*

Nombre de la parte responsable: (Primer, Medio Inicial, Apellido)	Fecha de Nacimiento:	Condado:
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Nombre del paciente, si es diferente de arriba: (Primer, Medio Inicial, Apellido)	Fecha de Nacimiento:	Condado:
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Firma de la parte responsable

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del empleado

\_\_\_\_\_  
Fecha