

HERSHEY PEDIATRIC CENTER

441 E. Chocolate Ave
Hershey, PA 17033
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FEE SCHEDULE Effective 02/01/16

Preventative Visit (Newborn – under 1 year)	\$187.00
Preventative Visit (1 year – 4 years)	\$210.00
Preventative Visit (5 years – 11 years)	\$207.00
Preventative Visit (12 years – 17 years)	\$229.00
Preventative Visit (18 years – 21 years)	\$232.00
Nurse Visit	\$ 50.00
Office Visit (Problem Focused)	\$ 93.00
Office Visit (Expanded Focused)	\$159.00
Office Visit (Detailed History & Examination)	\$238.00
High Risk Medication Follow-up Visit	\$95.00-105.00

VISIT FEES MAY VARY ACCORDING TO THE TIME SPENT WITH PHYSICIAN

Immunizations

Tdap	\$ 75.00	DTaP	\$105.00
IPV	\$117.00	MMR	\$186.00
HIB	\$117.00	Pentacel	\$125.00
Hepatitis B (0 – 19 yrs)	\$126.00	Varicella	\$188.00
Hepatitis B (over 20 yrs)	\$177.00	MMR/V	\$215.00
Prevnar	\$275.00	Meningococcal ACYW	\$220.00
Hep A (0 – 19 yrs)	\$118.00	Meningococcal B	\$240.00
Hep A (over 20 yrs)	\$118.00	HPV 9	\$300.00
Rotavirus	\$144.00	Pneumo 23	\$100.00
PPD	\$ 23.00		

Each immunization has an additional administration fee.

PAYMENT OF ALL CO-PAYS AND NON-COVERED SERVICES ARE REQUIRED AT THE TIME OF VISIT.

OFFICE HOURS

Monday and Wednesday	9:00 am – 9:00 pm
Tuesday, Thursday and Friday	9:00 am – 5:00 pm
Saturday and Sunday	Nurse Phone Triage Service Available

Note: These services and associated fees are subject to change without notice.