

**CITY OF KANSAS CITY, MISSOURI HEALTH DEPARTMENT**  
**ADULT/INTERNATIONAL TRAVEL IMMUNIZATION CLINIC**  
 2400 Troost Kansas City, MO 64108 Suite 1300 Phone: (816) 513-6128  
 TAX ID# 44-6000201 NPI# 1669444980 and 1619195500

Client's name \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Unit number \_\_\_\_\_

Vaccine/Service	Number of Doses/Test Frequency	Cost per dose
Gonorrhea (GC)	Urine test for Immigration	\$60
Hepatitis A Vaccine	2	\$55
Hepatitis B Vaccine	3	\$60
HEPATITIS B Titer QUALITATIVE (Blood Test)	as needed/prescribed	\$35
HEPATITIS B Titer QUANITATIVE (Blood Test)	as needed/prescribed	\$90
HEPATITIS B SURFACE ANTIGEN TEST (Blood Test)	as needed/prescribed	\$90
HEPATITIS C ANTIBODY SCREEN WITH REFLEX (BLOOD Test)	as needed/prescribed	\$60
HIB - Adult	1-3	\$25
Human Papilloma Virus Vaccine (HPV)	2-3	\$260
IMMIGRATION – Civil Surgeon Examination	Immigration Requirement	\$300
Influenza Vaccine (Flu)	1 annually	\$35
Influenza Vaccine (Flu) High Dose 65+	1 annually (for those 65+)	\$60
Malaria Visit (Anti-Malaria Medication Prescription)	as needed/prescribed	\$40
Measles Mumps Rubella Vaccine (MMR)	1-2	\$100
MMR Titer (Blood Test)	as needed/prescribed	\$65
Meningitis B Vaccine	2-3	\$200
Meningitis Vaccine	1-2	\$160
Physician Consultation Visit	as needed/prescribed	\$60
Pneumonia Vaccine (PCV13)	1	\$265
Pneumonia Vaccine (PCV15)	1	\$225
Pneumonia Vaccine (PPV23)	1-2	\$125
Polio Vaccine (IPV)	1	\$75
Pregnancy Test (Blood)	as needed/prescribed	\$20
Rabies Vaccine	Pre and Post exposure per dose	\$400
Tetanus & Diphtheria Vaccine (Td)	1 w/booster dose every 10 years	\$55
Tetanus, Diphtheria, Pertussis Vaccine (TDAP)	substitute 1 dose TDAP for Td	\$55
**Tuberculin Skin Test (TB Skin Test)	as necessary (not to be repeated after positive result)	\$25
T-Spot (TB Blood Test)	as needed/prescribed	\$100
Twinrix Vaccine (Combination Hep A/Hep B)	3	\$120
Typhoid Vaccine	1 w/booster dose every 2 years	\$100
Varicella Vaccine (Chickenpox)	2	\$155
Varicella Titer (Blood Test)	as needed/prescribed	\$40
Varicella Zoster Vaccine (Shingles)	2	\$175

**\*Adult Non-KCMO residents - \$10 additional per visit. \*Child Non-KCMO residents - \$10 for the first child and \$5 per additional sibling per visit.**  
**\*Fees for vaccinations are subject to change \*\* Fee covers TB Skin Test placement and return visit for reading. Tests cannot be placed on Thursdays.**

Provider \_\_\_\_\_ Total Payment \$ \_\_\_\_\_ Number \_\_\_\_\_ CSR initials \_\_\_\_\_