

**SELF PAY PATIENTS:**

1. COLLECT \$120 IN FULL BEFORE BEING SEEN!!!
2. You will need to charge them again if they have any testing done.

**SELF PAY PATIENT PRICES**

	Wap/ Maho
OFFICE VISIT- NEW PATIENT- WAPPINGERS/POUGHKEEPSIE	\$120
MAH/MOH/THOR	\$120
OFFICE VISIT - RETURN W/IN 1 YEAR - WAPPINGERS	\$85
MAH/MOH/THOR	\$85
F/U OFFICE VISIT W/IN 5 DAYS FROM INITIAL VISIT	\$0
F/U OFFICE VISIT W/IN 2 WEEKS FROM INITIAL VISIT	\$60
RETURN TO DUTY/FOLLOW-UP TESTING	\$45
SUTURE REMOVAL (IF NOT PLACED HERE)	\$50
OAKWOOD FRIENDS SCHOOL SELF PAY SICK \$60 PHYSICAL \$45	
<b>PHYSICALS PRICING:</b>	
DOT PHYSICAL	\$100
DRUG SCREEN (ONLY IF REQUIRED BY EMPLOYER/SCHOOL)	\$65
PHYSICAL- WORK/YEARLY	\$80
FISHKILL PLAINS PTA PHYSICALS	\$35
PHYSICAL- SPORTS/SCHOOL (PRICE INCLUDES VISION/HEARING TEST IF NEEDED)	\$45
<b>IN ADDITION TO OFFICE VISIT/PHYSICALS (DOES NOT INCLUDE DOT)</b>	
CRUTCHES (PATIENT KEEPS CRUTCHES, DO NOT RETURN)	\$30
ANY MEDICATION INJECTION	\$25
EACH LAB TEST	\$25
EAR IRRIGATION	\$104
EKG	\$55
EYE IRRIGATION	\$60
FLU VACCINE	\$26
HEARING TEST	\$30
HEP B VACCINE	\$78
HIV RAPID TEST	\$30
NEBULIZER	\$50
PPD (IF PT FEELS THEY HAVE COME IN CONTACT THEY NEED A VISIT)	
PPD (SCHOOL OR WORK)	\$50
PULMONARY FUNCT. TEST (PFT) (WITH WAIST UP PHYSICAL AND OSHA FORM)	\$150
WOUND CARE, SUTURES, SPLINTS, ETC.	\$80
TETANUS SHOT- ADULT -TDaP	\$75
TETANUS SHOT- CHILD - DTaP	\$50
X-RAY (EACH BODY PART)	\$50
VISION TEST	\$30
SUTURE REMOVAL FOR A PATIENT THAT WERE NOT PLACED HERE	\$50
Flu Test 35\$	
<b>DOES NOT REQUIRE OFFICE VISIT:</b>	
PPD (SCHOOL OR WORK) (IF PATIENT THINKS THEY HAVE COME IN CONTACT THEY NEED A VISIT)	\$50
FLU VACCINE	\$26
TETANUS SHOT- ADULT ONLY IF DUE FOR A VACCINATION AFTER 10 YEARS, NEW BABY, NEEDS AN OFFICE VISIT IF THEY HAVE HAD AN INJURY	\$75