

# Putnam County Health Department

In Cooperation with  
The Missouri Department of Health and Senior Services

103 N. 18th Street  
P. O. Box 354

Phone : 660 947-2429  
Fax : 660 947-3870

Unionville, MO  
63565

## 2026 Fee Schedule

*Current fees apply primarily to "optional" health services. Many services remain free to all Putnam County residents. No one will be denied any foundational public health services due to the inability to pay. Immunization fee schedule is on page two, Laboratory testing fee schedule is on page three.*

Injections (non-immunizations) _____	Free
Complete Lipid Profile _____	\$20
Blood Sugar Screening _____	\$1
Blood Pressure Screening _____	Free
Hemoglobin Check (Dr. order required) _____	\$5
TB Screening _____	\$10
Pregnancy Test (within guidelines) _____	Free
Pregnancy Test (outside guidelines) _____	\$5
COVID/Flu Antigen Test (Additional office visit fee of \$10) _____	\$10
RSV Antigen Test (Additional office visit fee of \$10) _____	\$12
Strep A Antigen Test (Additional office visit fee of \$10) _____	\$8
Birth Certificate _____	\$15
Death Certificate (first/additional) _____	\$14/\$11
Lead Screening _____	Free
PT/INR finger stick (Dr. order required) _____	\$10
HIV Test _____	Free
Fecal Occult Blood Test _____	\$3
Hepatitis C Testing _____	Free
Case Management _____	Free
WIC Services _____	Free
Health Education Programs _____	Free
Child Care Nurse Consult _____	Free
Child Care Inspections _____	Free
Heartsaver CPR/AED/First Aid* (full class/check-off only) _____	\$40/\$30
Healthcare Provider Course (BLS)* (full class/check-off only) _____	\$40/\$15
Family and Friends CPR (no card included) _____	Free

\*Classes include cards, supplies, and books.

Updated 11/03/2025



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Prevent. Promote. Protect.

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## 2026 Immunization Fee Schedule

Vaccine Administration Fee (except influenza)\* \_\_\_\_\_ \$35 per shot

\*Sliding administration fee schedule exists based on the Federal Poverty Level for those adults without insurance coverage who are not eligible for 317 Vaccine.

In-Home Visit Fee \_\_\_\_\_ \$40 per visit

Required children's immunizations (VFC eligible) \_\_\_\_\_ Free

317 Eligible Adult Vaccines \_\_\_\_\_ Free

Chickenpox (Varivax) \_\_\_\_\_ \$205

Diphtheria, Hib, Pertussis, Polio, and Tetanus (Pentacel) \_\_\_\_\_ \$94

Diphtheria, Pertussis, Tetanus, and Polio (Kinrix) \_\_\_\_\_ \$69

Diphtheria, Pertussis, Tetanus, Polio, and Hepatitis B (Pediarix) \_\_\_\_\_ \$119

Diphtheria, Tetanus, and Pertussis (Daptacel) \_\_\_\_\_ \$29

Diphtheria, Tetanus, Pertussis, Polio, Hib, and Hepatitis B (Vaxelis) \_\_\_\_\_ \$170

HPV (Gardasil 9) \_\_\_\_\_ \$345

Hepatitis A - Pediatric (Havrix) \_\_\_\_\_ \$45

Hepatitis A - Adult (Havrix) \_\_\_\_\_ \$100

Hepatitis B – Pediatric (Engerix - B) \_\_\_\_\_ \$39

Hepatitis B – Adult (Recombivax) \_\_\_\_\_ \$53

Hepatitis A and B (Twinrix) \_\_\_\_\_ \$152

Hib (ActHib) \_\_\_\_\_ \$15

Measles, Mumps, Rubella \_\_\_\_\_ \$108

Measles, Mumps, Rubella and Chickenpox (ProQuad) \_\_\_\_\_ \$299

Meningococcal (Menquadfi) \_\_\_\_\_ \$146

Meningococcal B (Trumenba) \_\_\_\_\_ \$218

Pneumococcal (Prevnar 20) \_\_\_\_\_ \$310

Poliovirus (IPOL) \_\_\_\_\_ \$51

Shingles (Shingrix) \_\_\_\_\_ \$254

TDaP (Boostrix) \_\_\_\_\_ \$57

Rotavirus (Rotarix) \_\_\_\_\_ \$172

RSV (Abrysvo) \_\_\_\_\_ \$347

RSV – Pediatric (Beyfortus) \_\_\_\_\_ \$570

COVID Pfizer 12+ years (Comirnaty) \_\_\_\_\_ \$167

Fee schedule effective 8/1/06. Updated: 01/15/25, 01/23/25, 03/11/25, 08/01/25, 08/19/25, 09/12/25, 09/16/25, 10/16/25, 11/12/25, 01/01/26



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## **2026 Laboratory Testing Fee Schedule**

Laboratory Draw Fee _____	\$20
Wellness Panel _____	\$25
Includes: CBC w/diff, Complete Metabolic Panel, Lipid Panel, A1C, and Thyroid Panel	
Thyroid Panel _____	\$10
Includes: T3 Uptake, Thyroxine (T4) and TSH	
CBC w/diff _____	\$5
Complete Metabolic Panel (CMP) _____	\$5
Hemoglobin A1C _____	\$5
Iron & TIBC _____	\$5
Lipid Panel _____	\$5
Prostate-Specific Ag _____	\$5
Testosterone _____	\$5
Urinalysis _____	\$5
Urine Culture _____	\$10
Vitamin B12 and Folate _____	\$12
Vitamin D, 25-Hydroxy _____	\$15

*Fee schedule effective 7/8/22. Updated 1/1/26.*



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