



Immunization Clinic Price List

Prices effective: October 17, 2023

Adult Vaccines	Vaccine Cost*	Administration Fee	Total Cost
Flu (adult quadrivalent)	\$25.00	\$21.25	\$46.25
TDaP (Adacel/Boostrix)	\$50.00	\$21.25	\$71.25

Children's Vaccines	Vaccine Cost*	Administration Fee	Total Cost
COVID-19 (Moderna)	\$134.00	\$21.25	\$155.25
DTAP (Daptacel/Infanrix)	\$28.00	\$21.25	\$49.25
DTAP/HepB/IPV (Pediarix)	\$74.00	\$21.25	\$95.25
Hepatitis A (Havrix/Vaqta-ped/adol)	\$32.00	\$21.25	\$53.25
Hepatitis B (Engerix/Recombivax-ped/adol)	\$22.00	\$21.25	\$43.25
Hepatitis B (Heplisav-B for age 18 only)	\$119.00	\$21.25	\$140.25
HIB (ActHIB/Hiberix)	\$14.00	\$21.25	\$35.25
HPV (Gardasil 9)	\$296.00	\$21.25	\$317.25
Flu (6 - 35 months)	\$25.00	\$21.25	\$46.25
Flu (3 - 18 years)	\$25.00	\$21.25	\$46.25
Flu Mist	\$25.00	\$21.25	\$46.25
IPV (IPOL)	\$41.00	\$21.25	\$62.25
Meningococcal (Menveo)	\$122.00	\$21.25	\$143.25
Meningococcal (Bexsero)	\$193.00	\$21.25	\$214.25
MMR (MMRII)	\$99.00	\$21.25	\$120.25
MMRV (ProQuad)	\$289.00	\$21.25	\$310.25
Pneumococcal	\$246.00	\$21.25	\$267.25
Rotavirus (Rotarix)	\$134.00	\$21.25	\$155.25
Td (Tenivac)	\$38.00	\$21.25	\$59.25
TDaP (Adacel/Boostrix)	\$50.00	\$21.25	\$71.25
Varicella (Varivax)	\$176.00	\$21.25	\$197.25

*Prices subject to change based on vaccine cost.

There will be a \$25.00 charge for each office visit.

Acceptable payment methods include cash, check, Debit card, American Express, Apple Pay, Discover, Google Pay, MasterCard, Samsung Pay and VISA. There will be a flat fee of \$2.00 for Debit cards and \$2.00 or 3% of the total amount of the charge (whichever is higher) for credit cards and contactless payments.

Canton City Public Health is in network and will submit claims to the following insurance companies for immunization clinic services: Amerihealth Caritas, Anthem, Anthem Medicaid, Aultcare, Buckeye, CareSource, Cigna, Humana, Humana Healthy Horizons, Medicaid, Medical Mutual, Molina, United Healthcare, and United Healthcare Community Plan. Individuals are responsible for co-pays, deductibles and/or non-covered services.

Patients with insurance companies not listed above are required to self-pay on day of service and can request an itemized receipt to submit to his/her insurance company.



420 Market Ave., N o Canton, OH 44702
Phone 330-489-3231 o Fax 330-489-3335 o www.CantonHealth.org

*This agency is an equal provider of services and an equal opportunity employer.
Promoting and protecting health since 1849.*