



Well Visit Screening and Survey List with Prices

Newborn Well Visit

Post partum depression screening \$5
Newborn genetic disease screen

2m, 4m and 6m Visit

Post partum depression screening \$5

9m Visit

Vision Screening \$15
Fluoride, if applicable \$15
Lead screening \$10 and Hemoglobin \$10
Developmental Survey \$5

12m Visit

Vision Screening \$15
Fluoride, if applicable \$15
Lead screening / follow up hemoglobin, if applicable

15m Visit

Vision Screening \$15
Fluoride application \$15

18m Visit

Vision Screening \$15
Developmental surveys x 2 \$5 each
Fluoride application \$15

24m Visit

Vision Screening \$15
Lead Screening, if applicable \$10
Developmental survey \$5
Fluoride application, if applicable \$15

30m Visit

Vision Screening \$15
Developmental survey \$5
Fluoride application, if no dental visit yet \$15

Yearly Visits from age 3y – 11yr

Hearing screen, if child is able \$20
Vision Screening, if no ongoing eye care \$15
**both tests done as recommended

Yearly Visits from age 12y – 18yr

Hearing screen \$20
Vision Screening as needed \$10
Depression survey \$5
Drug and Alcohol survey \$5
Ages 15 and up: Yearly Urine Chlamydial Screening**

**Fluoride applications are recommended by the US Preventative Task Force every 3-6m, to start at eruption of first tooth.

**All noted screens are following guidelines set forth by USPTF and/or AAP (American Academy of Pediatrics). Please speak with your doctor if you have any concerns regarding these surveys and screening tools.

***As always, the parent or teen may opt out of any of these studies if desired, although that is not clinically recommended. If your insurance does not pay for these services, there may be a patient responsibility due upon completion. Please contact your insurance company for your family's specific coverage amounts.