IMMIGRATION INFORMATION

To receive labs or immunizations for immigration purposes,
call 662-325-2431, opt 1 to schedule an appointment.

Name: _____ Date: _____

Phone number: _____ Net ID: _____ Circle: Student, Employee, Private Pt

Allergies: _____

Responsibilities of the Patient

Please submit your list of current immunizations when requesting your appointment, as certain immunizations require a waiting period before you can receive other injections.

Financial Agreement

Immunization, vaccine administration, lab charges, and x-ray charges will be submitted to the insurance on file for the patient; however, LSHC cannot guarantee these services will be covered. Please consult your insurance company before your appointment. You will be responsible for any charges that your insurance company determines to be non-covered.

Unless you are able to transfer your charges to an MSU Banner account, all patients without insurance will be required to pay the full amount upon discharge.

If you are an employee, you agree to allow LSHC to transfer any remaining balance to your Banner account (office visit fee, copay, coinsurance, deductible, non-covered charges). During the appointment check-in process, each employee will sign an additional document indicating that LSHC has permission to transfer balances (office visit, copay, coinsurance, deductible, and any non-covered charges) to their Banner account.

By signing below, you acknowledge the financial terms above and agree to pay any balance remaining after insurance processes charges (including those determined to be non-covered). If you do not have insurance, you agree to pay for charges on the date of service.

Name (print): _____ Date: _____

Signature: _____

Estimated Lab and Immunization Charges

*Updated as of 09/19/2025

Item Description	Item Billing Code	Charge Amount	Notes
General Office Visit	99402imm	$135	
Immunization Administration	90471	$30	
Immunization Administration, each additional	90472	$12	
Hepatitis A	90632	$85	Series of 2
Hepatitis B	90739	$152	Series of 3
Influenza	90686	$41	
MMR (Measles/Mumps/Rubella)	90707	$105	Series of 2
Pneumonia vaccine	90732	$131	
Tdap	90715	$49	
TwinRix A/B (Hep A / Hep B)	90636	$129	Series of 2
Varicella (chicken pox)	90716	$209	Series of 2
Chest X-ray single view	71045	$65.00	
Quantiferon Gold Test (TB)	86480	$111.00	
RPR - Syphilis	86592	$15.00	
Urine Test for Chlamydia	87491	$86.00	
Urine Test for Gonorrhea	87591	$86.00	
MMR Titer	86735, 86762, 86765	$44.00 + $27.00 + $74.00 = $145	
Varicella Titer	86787	$41.00	
Hepatitis B Titer	86706	$37.00	