

Good Faith Estimate of Patient Financial Obligation Travel and Immunization Services

Northwestern Medical Group Travel Medicine Department

Consultation Fees

Service	Code	Estimated Charges	You Pay
Travel Counseling level 2	*	\$75.00	\$75.00
Travel Counseling level 3	*	\$110.00	\$110.00
Travel Counseling telehealth new	*	\$75.00	\$75.00
Travel Counseling telehealth F/U	*	\$30.00	\$30.00

Travel Consultation fees are not eligible for 30% discount.

Immunization Fees

Item	Code	Estimated Charges (per vaccine)	30% Discount price when paid in full at time of service
Cholera	90625	\$379.00	\$265.30
Diphtheria Tetanus (TD)	90714	\$66.00	\$46.20
Diphtheria Tetanus/Pertussis (TDap)	90715	\$88.00	\$61.60
Gardasil HPV	90649	\$302.00	\$211.40
Hep A- Hep B combo (Twinrix)	90636	\$214.00	\$149.80
Hepatitis A Vaccine	90632	\$136.00	\$95.20
Hepatitis B Vaccine - Energix, Adult	90746	\$131.00	\$91.70
Hepatitis B Vaccine (Immunocompromised)	90740	\$375.00	\$262.50
Hepatitis B Vaccine - Hepsilav-B	90739	\$472.00	\$330.40
HIB (Haemophilus Influenza Type B)	90648	\$75.00	\$52.50
Influenza Vaccine	90686	\$30.00	\$21.00
High Dose influenza	90662	\$110.00	\$77.00
Japanese Encephalitis	90738	\$479.00	\$335.30
Meningococcal Vaccine	90619	\$401.00	\$280.70
MenB	90620	\$375.00	\$262.50
MMR Vaccine (Measles, Mumps, Rubella)	90707	\$158.00	\$110.60
Pneumococcal Vaccine (Prevnar 13)	90670	\$343.00	\$240.10
Pneumococcal Vaccine (Prevnar 23)	90732	\$207.00	\$144.90
Pneumococcal Vaccine (Prevnar 20)	90677	\$397.00	\$277.90
Polio IPV Vaccine	90713	\$72.00	\$50.40
Rabies IM Vaccine	90675	\$669.00	\$468.30
RSV, Bivalent (Abrysvo)	90678	\$521.00	\$364.70
Shingrix	90736	\$380.00	\$266.00
Typhim (Typhoid) VI Vaccine	90691	\$175.00	\$122.50
Varicella Vaccine	90716	\$283.00	\$198.10
Yellow Fever Vaccine	90717	\$260.00	\$182.00
TicoVac PFS	90627	\$496.00	\$347.20

Injection Fees

Service	Code	Estimated Charges	You Pay
First Injection per visit	90471	\$57.00	\$39.90
Each Subsequent Injection during the same visit	90472	\$30.00	\$21.00

Retail Product Fees

Service	Code	Estimated Charges	You Pay
Travel Yellow Book (Completed)	*	\$15.00	\$15.00

Retail product fees are not eligible for 30% discount.

Facility Name: Northwestern Medical Group

Facility TIN: 36-3097297

Facility Location: 676 N Saint Clair Street, Suite 900, Chicago, IL 60611

This estimate is not a contract and does not require you to obtain any of the items from the facilities on this form. Products or services to be furnished will be determined dependent on the provider's recommendation during the office visit.

