

BANGOR IMMUNIZATION CLINIC - CLINIC PRICE LIST STATE ONLY

Pediatric Vaccine provided by MIP

EFFECTIVE Sept 1, 2026

\$10 visit fee is added for each appointment scheduled

TDap (tetanus/diphtheria/pertussis)	\$10.00
GARDASIL (HPV – 3 dose series)	\$10.00
POLIO – IPV	\$10.00
MMR	\$10.00
HIB (Haemophilus influenzae type B)	\$10.00
HEPATITIS B (3 Dose Series)	\$10.00 per dose
HEPATITIS A (2 Dose Series)	\$10.00 per dose
MENINGITIS	\$10.00
MENINGITIS B	\$10.00
VARICELLA	\$10.00
PROQUAD (MMR + CPOX)	\$10.00
QUADRACEL (DTP + POLIO)	\$10.00
VAXELIS (HEP B + POLIO + DTP + HIB)	\$10.00
PENTACEL (DTP + POLIO + HIB)	\$10.00
RSV	\$10.00
INFLUENZA (Anthem,BC of Mass Aetna, Cigna, HP, MCHO)	\$45.00/\$70.00

BANGOR IMMUNIZATION CLINIC - CLINIC PRICE LIST STATE ONLY

Uninsured Adult Vaccine provided by MIP

EFFECTIVE Sept 1, 2026

\$10 visit fee is added for each appointment scheduled

TDap (tetanus/diphtheria/pertussis)	\$10.00
GARDASIL (HPV – 3 dose series)	\$10.00
MMR	\$10.00
HEPATITIS B (2 Dose Series - Heplisav)	\$10.00 per dose
HEPATITIS A (2 Dose Series)	\$10.00 per dose
INFLUENZA	\$ 45.00/\$70.00
MENINGITIS	\$10.00
VARICELLA	\$10.00
PREVNAR 20 (MUST BE 60 OR OLDER)	\$10.00
RSV (MUST BE 60 OR OLDER)	\$10.00
SHINGLES (MUST BE 50 OR OLDER)	\$10.00

TITERS (a blood draw fee and administration fee has been included in prices)

ALL TITERS NEED TO BE SENT TO QUEST DIAGNOSTICS ON UNION STREET

BANGOR IMMUNIZATION CLINIC
TRAVEL MEDICINE PRICE LIST
EFFECTIVE **Sept 1, 2026**
TRAVEL VACCINES AVAILABLE

Office Visit Fees-

1 person- \$60

2 people- \$100

3 or more-\$140

A 10.00 Administration fee will be charged for each vaccine given.

YELLOW FEVER	\$270.00
CHIKUGANYA	\$290.00
MENINGITIS	\$170.00
TYPHOID INJECTION	\$180.00
ORAL TYPHOID	\$135.00
HEPATITIS B (3 Dose Series)	\$85.00 per dose
HEPATITIS B – HEPLISAV (2 Dose Series)	\$155.00 per dose
HEPATITIS A (2 Dose Series)	\$95.00 per dose
TETANUS/DIPHTHERIA/PERTUSSIS BOOSTER - Tdap	\$65.00
POLIO (IPV)	\$70.00
VARICELLA (chickenpox vaccine)	\$210.00
JAPANESE ENCEPHALITIS (2 Dose Series)	\$365.00 per dose
PRE-EXPOSURE RABIES SERIES (2 Dose Series)	\$450.00 per dose
CHOLERA VACCINE	\$280.00
GARDASIL (HPV – 3 dose series)	\$320.00 per dose
MMR	\$120.00
INFLUENZA	\$45.00/\$70.00
TICK BORNE ENCEPHALITIS (TICOVAC)	\$350 PER DOSE

**BANGOR IMMUNIZATION CLINIC - CLINIC PRICE LIST
EFFECTIVE Sept 1, 2026**

A \$10 VISIT FEE CHARGED FOR EACH VACCINE PROVIDED PLUS A \$10 Administration Fee for each Vaccine Given.

TDap (tetanus/diphtheria/pertussis)	\$65.00
GARDASIL (HPV – 3 dose series – need PCP order over 45)	\$320.00
POLIO – IPV	\$70.00
MMR	\$120.00
HIB (Haemophilus influenzae type B)	\$60.00
HEPATITIS B (3 Dose Series)	\$85.00 per dose
HEPATITIS B – HEPLISAV (2 Dose Series)	\$155.00 per dose
HEPATITIS A (2 Dose Series)	\$95.00 per dose
TWINRIX HEPATITIS A & (3 doses)	\$ 120.00 per dose
INFLUENZA (Bill Anthem, Aetna, Cigna, HP, MCHO)	\$45.00/\$70.00
PRE-EXPOSURE RABIES SERIES (2 Dose Series)	\$450.00 per dose
MENINGITIS	\$170.00
MENINGITIS B	\$215.00
VARICELLA	\$210.00
SHINGRIX (Shingles Vaccine) – 2 dose series	\$215.00 per dose
TB TESTING WITH READING 48-72 HOURS ** read and \$10.00 admin fee) NO office visit fee.	\$60.00 (Total cost includes day 2

Note: Initial TB plant cannot be done on Thursdays or Fridays when there is a Monday holiday due to required timing of reading the result 48-72 hours after plant.

HEP A, B, TITERS	\$75.00
MMR TITER	\$100.00
RABIES TITER	\$95.00
VARICELLA TITER	\$140.00
POLIO TITER	\$165.00
T-Spot/Quantiferon TB Gold	\$100.00

INFECTIOUS DISEASE TESTING

Gonorrhea/chlamydia testing - \$70

(Includes testing from one specimen collection site (e.g., urine, throat, anal or genital swab).

Additional sites: \$25 per site.

Syphilis - \$40

All Testing combined- \$135

Ask us about free HIV and Hep C

Limited transportation? Ask us about outreach testing options.

THE CLINICS ARE CLOSED ON ALL FEDERAL AND STATE HOLIDAYS

BANGOR HEALTH & COMMUNITY SERVICES
103 TEXAS AVENUE, BANGOR, ME
TEL: (207) 992-4548 FAX # (207) 992-9161

**** PLEASE BE AWARE THE OFFICE CANNOT BILL INSURANCES. PAYMENT IS DUE AT TIME OF SERVICE. A CODED RECEIPT IS PROVIDED FOR EACH CLIENT RECEIVING VACCINES FOR POSSIBLE REIMBURSEMENT THROUGH INSURANCE COVERAGE. ****