



Libélula Primary Care

I-693 Immigration Medical Exam — Price Table

1. Base Exam Fee

| Category | What It Includes | Price Range |
|--------------------------|--|-------------|
| I-693 Medical Exam Visit | Physical exam, medical history review, TB screening decision, coordination of labs and vaccinations, documentation, and completion of Form I-693 | \$300 |

2. Required Laboratory Tests: If no health insurance – LaboratoryAssist.Com LabCorp versus in Libélula

| Category | What It Includes | Libélula Price Range | |
|----------------------------|--|----------------------|-------|
| Tuberculosis Screening | PPD Administration, storage, supplies, and reading | \$45 | |
| | IGRA blood test (QuantiFERON Gold; ages ≥ 2) | Test Num. | Price |
| | | 182879 | \$60 |
| Syphilis Test | RPR or treponemal test (required ages 18-45) | 012005 | \$10 |
| Gonorrhea Test | Urine NAAT (required ages 18-24) | 183194 | \$25 |
| Blood and urine collection | Lab fee | 053183 | \$5 |
| Pregnancy Test (if needed) | Urine hCG for vaccine safety | \$10 in-clinic | |

3. Vaccinations are missing or no documentation (if unable to use health insurance, get at Libélula or Idaho Health Department: Boise 208-327-7400)

| Vaccine | Age/Requirement Notes | Libélula |
|----------------|---|---|
| MMR | Required if born after 1957 | \$100 |
| Varicella | If no history of disease or vaccine | \$200 |
| IPV | Required for age ≥ 2 , if no prior vaccination | \$55 |
| Tdap | Required for all adults, if no prior in 5-10 years | \$55 |
| Pneumococcal | Required for age ≥ 65 or sooner if at risk | \$310 |
| Meningococcal | Required age 11-18 years | \$180 |
| Hepatitis A | Required for age 1-18 years | \$90 |
| Hepatitis B | Required for ages ≤ 59 , if not immune | \$90 |
| Influenza | Required during flu season (Oct-Mar) | \$25 trivalent |
| Administration | Storage, supplies, and administration cost for each vaccine | \$20 1 st , \$10 each additional |

4. Additional Services (If needed)

| Category | What It Includes | Price Range | |
|----------------------------|--|-------------|----------|
| Chest X-Ray | Only if IGRA positive | \$60* | |
| Repeat IGRA | If initial test indeterminate | Test Num. | Libélula |
| | | 182879 | \$60 |
| Vaccine Titers | Measles, Mumps, Rubella immunity testing | 058495 | \$45 |
| | Varicella immunity testing | 096010 | \$15 |
| | Hepatitis B immunity testing | 006530 | \$15 |
| | Hepatitis A immunity testing | 006726 | \$15 |
| Blood and urine collection | Lab fee | 053183 | \$5 |
| Specialist Referral | Referral only (visit and treatment cost not included) | \$0 | |
| Re-printing | If the form I-693 is lost or additional copies are needed | \$5 | |
| Updates | If the form I-693 needs updating | \$50 | |
| Translation | Certified translation of vaccine records (Spanish/Portuguese) | \$50/page | |

*Intermountain Imaging

Thank you for your interest in completing your I-693 immigration medical exam with us. I'm here to guide you through the process clearly and make your visit as smooth as possible.

-Dr. Sarai Ambert-Pompey

Libélula Primary Care

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