I-693 Medical Exam Services and Consent Form I-693 体检服务和同意书

YOUR COST 价位表

EVALUATION 诊疗	**FEE 费用**
New patient 新患者	$400.00
Established patient 既存患者	$250.00

VACCINATION (Includes administration fee. Fees can be avoided by bringing vaccination records or obtaining them for free at any New York City health clinic or urgent care.) 疫苗接种（包含疫苗接种费。通过携带疫苗接种记录或在任何纽约市健康诊所, 紧急护理处接受免费的疫苗接种，可以避免这项费用。）

DTaP	$50.00
FLU	$30.00
MMR	$155.00
MENINGITIS	$260.00
PNEUMOCOCCAL (PEDIATRIC)（儿童）	$300.00
HEP A (PEDIATRIC)（儿童）	$105.00
HEP B (PEDIATRIC)（儿童）	$95.00
(ADOLESCENT)（成人）	$170.00
POLIO	$80.00
VARICELLA	$220.00
Tdap	$65.00
ROTAVIRUS	$195.00

If you don't have a vaccination record you may need to get one or do a blood test to determine if you need one. 如果没有疫苗接种记录，可能需要额外接种疫苗或进行血液抗体检测。如果没有抗体，则需要接种疫苗。

BLOOD/URINE TESTS（血液/尿液检测项目）

HEPATITIS B SURFACE ANTIBODY	$40.00
QUANTIFERON-TB Gold*	$180.00
MEASLES ANTIBODY	$70.00
MUMPS VIRUS IGG, EIA	$20.00
RUBELLA IMMUNE	$12.00
GONORRHEA (18-24 years old)	$35.00
RPR TITER (18-44 years old)	$10.00
VARICELLA TITER (IGG)	$130.00

*The USCIS recently required all applicants 2 years of age and older to have a blood test for tuberculosis (TB). Skin testing is no longer accepted. 美国最新移民法规要求进行结核病血液检查，仅进行皮肤敏感试验已不再被接受。

PAYMENT (CASH OR CREDIT CARD ONLY) 付款方式（仅限现金或信用卡）

Form I-693 will be filled out in the office upon your arrival. You do not need to fill it out in advance. It will take **5-10 business days** to complete. You will receive the original Form I-693 in a sealed envelope for you to mail to USCIS or bring it in person at the time of a USCIS interview, as well as a copy of it for your medical records. (Note that the envelope you provide to USCIS must remain sealed in order to comply with the USCIS regulations). I-693 表格将在您来院期间填写。无需提前填写。该表格完成时间为 5 至 10 个工作日。请邮寄或携带密封原件去参加面试。(注：根据美国移民局规定，仅受理密封原件。）我们将向您单独提供一份原件的复印件。

I have read all the above and understand that I am responsible for all charges incurred by Japanese Medical Care, PLLC's services required for completing the I-693.

我已阅读并了解上述体检费用和验血费用。

Name 姓名：

Signature 签名：

Date 日期:

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New York, NY 10017

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Mamaroneck, NY 10543

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