

RESOLUTION 87 - 68
NASSAU COUNTY, FLORIDA

A RESOLUTION ADJUSTING THE FEES CHARGED BY THE NASSAU COUNTY HEALTH DEPARTMENT.

WHEREAS, the Board of County Commissioners of Nassau County have been requested by Dr. Page to establish a new fee schedule for 1987/88, and

WHEREAS, the Board of County Commissioners of Nassau County has reviewed the proposed fees submitted by Dr. Page, and

WHEREAS, the Board has found the fees to be necessary and reasonable,

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Nassau County, at it's regularly scheduled meeting, that the following fees are authorized to be charged by the Health Department for 1987/88, as listed in Exhibit "A" attached hereto and made a part hereof.

DATED this 22nd day of September, 1987.

BOARD OF COUNTY COMMISSIONERS
OF NASSAU COUNTY, FLORIDA

ATTEST:


T. J. GREESON

Its: Ex-Officio Clerk

By: 
GENE R. BLACKWELDER

Its: Chairman



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

August 21, 1987

T. Jerry Greeson, Ex-Officio Clerk
Board of County Commissioners of
Nassau County, Florida
Fernandina Beach, Florida 32034

Dear Mr. Greeson:

We are requesting permission to charge fees for services listed below and also on attached fee schedule:

Cardiovascular Screening	\$10.00
Pregnancy Test (UCG)	\$ 7.00
AIDS Testing (waivable)	\$15.00
School Physical exams	\$10.00
Employment Screening exam (VDRL, PPD, Stool Specimen)	\$10.00
Employment Physical by Nurse Practitioner or M.D. plus Cardiovascular fee	\$20.00 \$30.00

Immunizations

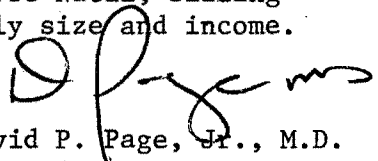
No charge for requires school immunizations

Pre-K/12 grades	
18 mos. - 6 yrs. HIB-Imune vaccine	\$ 5.00

Adult/College students

Measles, Mumps, Rubella	\$15.00 per dose
Measles, Rubella	\$10.00 " "
Mumps	\$10.00 " "
Tetanus, Diphtheria	\$ 5.00 " "
Influenza Vaccine	\$ 5.00
Pneumovax	\$ 5.00
Human Rabies Vaccine (post exposure)	\$47.00 per dose
HRIG - Rabies Immune Globlin	\$35.00 per cc

Family Planning fees set by state, see attached, Pre-Natal, sliding scale 0 - \$800.00 (may go to \$2000.00) depends on family size and income. All other sliding scales attached.


David P. Page, Jr., M.D.
CPHU Director

DPP/dh

"EXHIBIT A"

Nassau County Public Health Unit / District 4
P.O. Box 517 / 4th & Ash Streets / Fernandina Beach, Florida 32034-0494
904-261-6191

Bob Martinez, Governor

CHARGES-NASSAU COUNTY PUBLIC HEALTH DEPARTMENT-ADULT AND CHILD HEALTH

1987-1988

POVERTY LEVEL PERCENTAGES	100%	100-125%	125-150%	150-175%	175-200%	200%
1. Information Nursing Asses/Counselling	0	0	0	0	0	0
2. Nursing Asses/Counselling and Medical Management	0	2	4	6	8	10
3. Routine Visit ARNP/M.D.	0	4	6	12	15	20
4. Medical Problem Visit ARNP/M.D.	0	8	12	20	28	35
5. Extensive Visit M.D./ARNP-Exam Plus Medical Procedures Initial or Annual Exam	0	12	28	30	40	50
6. Contract Laboratory Tests	0	Cost/Test	Cost + \$3	Cost + \$5	Cost + \$7	Cost + \$10
7. Rapid Laboratory Tests - CPHU	0	2	3	5	6	7
8. X-Ray	0	7	10	20	25	30
9. Pharmacy	0	3	4	5	8	10

INCOME GUIDELINES ARE THE SAME AS FAMILY PLANNING

1987 Family Size	Income Group							
	A	B	C	D	E	F	G	H
1	≤458	459- 527	520- 595	597- 665	666- 733	734- 848	849- 917	918+
2	≤617	618- 709	710- 802	803- 894	895- 987	988- 1,141	1,142- 1,233	1,234+
3	≤775	776- 891	892- 1,008	1,009- 1,124	1,125- 1,240	1,241- 1,434	1,435- 1,550	1,551+
4	≤933	934- 1,073	1,074- 1,213	1,214- 1,353	1,354- 1,493	1,494- 1,727	1,728- 1,867	1,868+
5	≤1,092	1,093- 1,255	1,256- 1,419	1,420- 1,583	1,584- 1,747	1,748- 2,020	2,021- 2,183	2,184+
6	≤1,250	1,251- 1,438	1,439- 1,625	1,626- 1,813	1,814- 2,000	2,001- 2,313	2,314- 2,500	2,501+
7	≤1,408	1,409- 1,620	1,621- 1,831	1,832- 2,042	2,043- 2,253	2,254- 2,605	2,606- 2,817	2,818+
8	≤1,567	1,568- 1,802	1,803- 2,037	2,038- 2,272	2,273- 2,507	2,508- 2,898	2,899- 3,133	3,134+
9	≤1,725	1,726- 1,984	1,985- 2,243	2,244- 2,501	2,502- 2,760	2,761- 3,191	3,192- 3,450	3,451+
10	≤1,883	1,884- 2,166	2,167- 2,448	2,449- 2,731	2,732- 3,013	3,014- 3,484	3,485- 3,767	3,768+
Poverty	≤100	>100-115	>115-130	>130-145	>145-160	>160-185	>185-200	200+

CLIENT VISIT TYPE/COST

Visit Type	Fee Group							
	A	B	C	D	E	F	G	H
Initial	0	4.00	13.00	23.00	32.00	44.00	56.00	60.00
Annual	0	4.00	12.00	20.00	27.00	38.00	48.00	52.00
Medical	0	3.00	9.00	15.00	20.00	28.00	36.00	39.00
Re-Supply/ Counseling	0	1.00	3.00	5.00	7.00	10.00	13.00	14.00
Vasectomy	0	15.00	45.00	75.00	105.00	145.00	185.00	200.00
Tubal Ligation	0	47.00	141.00	234.00	328.00	453.00	578.00	625.00
Pregnancy Testing	0	1.00	2.00	3.00	4.00	5.00	6.00	7.00

DIRECTIONS:

- Step (1) - Determine the appropriate line in the upper table which reflects the client's family size.
- Step (2) - Move across the line, located in Step (1), until the column which contains the appropriate income level for the client as identified.
- Step (3) - Move down the column, located by Step (2), to determine the discount group (designated by letter A-H).
- Step (4) - Locate the appropriate service visit line in the lower table.
- Step (5) - Move across the line, located in Step (4), until it crosses the appropriate discount group [Step (3)] column. The fee to be assessed is located at this point.

NOTE: For families with more than ten members, add \$158 to \$1,883 (≤ 100% poverty/family of 10) for each additional member. This will give Fee Group A. For B-H Group, multiply Group A amount by the maximum % of poverty for each group.

NOTE: Fee will be assessed to a client for only one visit type during a family planning visit, even if more than one type of service is provided. Clients must be assessed the fee which most closely includes all services provided.