

RESOLUTION 91-36

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF NASSAU COUNTY, FLORIDA

RE: FEES TO BE CHARGED BY THE HRS/NASSAU COUNTY
PUBLIC HEALTH UNIT

WHEREAS, the HRS NASSAU COUNTY PUBLIC HEALTH UNIT is authorized to establish charges and collect reasonable fees in connection with services performed by said Health Unit by virtue of Chapter 154, Florida Statutes, as amended, and other applicable statutes and laws of the State of Florida; and

WHEREAS, the HRS NASSAU COUNTY PUBLIC HEALTH UNIT did review the fees collected, and determined that in order to assist in defraying the cost of providing the services required, said fees should be in accordance with the Schedule of Fees and Services attached hereto, marked as Exhibit "A", and made a part hereof by reference; and

WHEREAS, the BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA has reviewed the recommendation of the HRS NASSAU COUNTY PUBLIC HEALTH UNIT and approved the Schedule of Fees and Services attached hereto and marked Exhibit "A."

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA in public meeting assembled:

1. That Resolution No. 87-1 and all its amendments be herewith rescinded.
2. That the HRS NASSAU COUNTY PUBLIC HEALTH UNIT is hereby authorized and directed to provide those services and collect those fees as described in Schedule of Fees and Services marked Exhibit "A" attached hereto and made a part hereof.
3. That the HRS NASSAU COUNTY PUBLIC HEALTH UNIT is required to deposit said fees in the NASSAU COUNTY PUBLIC HEALTH UNIT Trust Fund as directed by Chapter 154.06, Florida Statutes, amended by the Legislature in 1972. These funds shall be utilized to support the public health programs carried on by the HRS NASSAU COUNTY PUBLIC HEALTH UNIT.

- 4. That a Sliding Fee scale, published by the State Health Office, will be used in determining charges for Primary Care.
- 5. That the HRS NASSAU COUNTY PUBLIC HEALTH UNIT Administrator may reduce or forgive the required fees in situations which a person with an income at or above 100% of poverty is unable to pay.
- 6. This Resolution shall take effect immediately upon its adoption and shall supersede all prior resolutions adopted in relation to this subject matter, and will remain in effect until altered or rescinded by action of this board.

Jimmy J. Higginbotham

 Chairman

ATTEST:

[Signature]

 Ex-officio Clerk

EXHIBIT A
FEE SCHEDULE
Administrative Services

Report/Record Copies	
1. Per page	\$ 1.00
2. Maximum charge	10.00

Vital Statistics	
1. Birth Certificate	\$ 9.00
2. Birth Certificate, per additional copy	4.00
3. Death Certificate	4.00
4. Death Certificate, per additional copy	4.00

Environmental Health Services

Private water samples (No charge if health department ordered sample.)	
1. Client brings in	\$ 2.00
2. Business samples (health department takes sample)	30.00
3. Private Well Survey and sample	15.00
4. County Commission facilities	N/C

Plat Review Fees	
1. Less than 25 lots	\$ 40.00
2. 25 - 49 lots	75.00
3. 50 - 99 lots	100.00
4. 100 or more lots	125.00

Plan Review Fees	
1. Public Water and sewer available	\$ 25.00
2. Septic tank system and public water	50.00
3. Septic tank and well	75.00

Unlicensed food service for profit and bars	
1. 0 -149 seats	\$110.00
2. 150 - 249 seats	120.00
3. 250 and more seats	130.00

Personal Health Services

Immunizations (There is no charge for immunizations required to attend Florida schools, grades K - 12)	
1. Influenza	\$ 10.00
2. Pneumonia	10.00
3. Tetanus (Td or Dt)	5.00
4. Rabies Immune Globulin (RIG)-Amt of vaccine to be administered is determined by	
5. Diploid Cell Vaccine (DCV) body weight. MAXIMUM FEE IS	495.00
6. Hepatitis B	10.00
7. MMR	15.00
8. MR	10.00
9. Mumps	10.00
10. PPD (Employment only, non-TB related)	10.00

Diagnostic/Screening Tests	
1. EKG	22.50
2. Tympanogram	11.50
3. Hearing Test	5.50

In-House (quick test) Lab	
1. Urine Dip Stick	\$ 3.50
2. Hemoglobin	3.50
3. Hemocult (1 vs 3)	3.50
4. Glucose Screening	5.75
5. Strep Test	8.00
6. KOH or Saline Mount	3.50

State Lab	
1. Gonococcus - GC	5.75
2. Chlamydia (#86317)	5.75
3. Sickle Cell (#83020)	5.75
4. HBsAG (#86287)	5.15
5. VDRL-Syphilis Serology (as part of pkg; Family Planning, etc.)	2.30
6. Glucose	2.30
7. Hemoglobin	1.75
8. Lead Blood (#84202)	5.75
9. VDRL, (employment purposes)	10.00
10. Stool for O & P	3.85
11. SGOT	5.75

EXHIBIT A
FEE SCHEDULE
Personal Health Services
(Continued)

Outside Lab

1.	PAP Smear, single slide	\$ 9.60
2.	Prenatal Profile	26.20
3.	Hepatitis B, Surface A	21.75
4.	Culture & Routine Antibiotic Sensitivity	25.30
5.	HIV (if requested)	15.00
6.	CBC	7.15
7.	Syphilis Serology	7.65
8.	Glucose (1 hour)	6.55
9.	Glucose (3 hour GTT)	23.35
10.	Alpha Feto-protein	65.95
11.	Chlamydia Direct Smear	24.20
12.	Herpes Simplex Virus Isolation	79.60
13.	Anemia Profile III	108.90
14.	Hypertension Profile	
	a) Protein, Total Urine Quantitative	16.70
	b) CBC with Diff	8.75
	c) SMAC, 24, HDL - Health Profile	21.25
15.	Lab Collection	1.75
16.	Comprehensive Thyroid Profile	72.60
17.	Amylase, Serum	18.45
18.	BUN	3.88
19.	Vitamin B-12	24.15
20.	Creatinine	3.88
21.	Glucose - Plasma	3.28
22.	Glucose - S	3.65
23.	T-3, T-4, T-7	5.20
24.	T-4 RIA	12.00
25.	TSH by RIA	38.25
26.	Lipase - Serum	31.30
27.	T. Lipids	10.80
28.	Potassium	6.55
29.	Prolactin Serum	29.05
30.	T3 RIA	19.95
31.	HAA Antibody	20.63
32.	Urinalysis	6.55
33.	Prothrombin Time	7.65
34.	SED Rate West.	7.45
35.	SED Rate WIN	7.75
36.	Sickle Cell Screen	10.80
37.	Blood GRP & RH	12.35
38.	Mono Screen	9.15
39.	RA Test Latex AGG	8.13
40.	Rubella Antibody T	21.55
41.	Atypical Antibody Screen	19.45
42.	RPR Serology	7.65
43.	ANA	13.63
44.	Culture, Routine	16.50
45.	Gram Stain Smear	6.45
46.	Tegretol - Quantitative	35.35
47.	Phenobarbital	17.68
48.	Lithium	17.35
49.	Dilantin	31.35
50.	Digoxin	30.80
51.	Theophyllin	12.85
52.	Biopsy - multiple screen	15.30
53.	Biopsy	27.50
54.	Pregnancy Test - Serum, Qualitative	11.98
55.	Rheumatoid Profile II	64.90
56.	Coronary Risk Profile II	32.75
57.	FSH & LH	40.65
58.	Culture, Urine	12.10
59.	THY Profile, TSH	24.00
60.	Hepatitis Profile, complete	54.45
61.	T-lymphocyte profile (Test # 2001-x) with T-4 & T-8	99.83
62.	Nipple discharge	11.70
63.	Breast Smear	11.70
64.	VDRL - Serum	13.35
65.	Hepatitis confirmation	16.50
66.	PAP Smear, double slide	11.60
67.	SMAC, CBC, T-7, HDL	32.75
68.	SMAC, CBC, HDL	21.25
69.	T-lymphocyte with helper/suppressor ratio (Test # 2437)	100.00

EXHIBIT A
FEE SCHEDULE
Personal Health Services
(Continued)

Physician Services

Office Visits: New Patient

	<u>Physician</u>	<u>ARNP</u>
1. Brief Service (#90000)	\$ 34.50	\$ 27.50
2. Limited Service (#90010)	34.50	
3. Intermediate Service (#90015)	40.25	
4. Extended Service (#90017)	51.25	
5. Comprehensive Service (#90020)	57.50	
6. EPSDT Health Screening (#W9881 - Child)	34.50	27.50
7. Adult Health Screening (#W9606)	40.25	32.25
8. Well Baby Check (#90754)	15.00	13.75

Initial history and exam, age under one year.

Office Visits: Established Patient

1. Minimal Service (#90030)	\$ 13.75	11.00
2. Brief Service (#90040)	24.75	
3. Limited Service (#90050)	24.75	
4. Intermediate Service (#90060)	28.75	
5. Extended Service (#90070)	34.50	
6. Comprehensive Service (#90080)	51.75	
7. EPSDT Health Screening (#W9881 - Child)	34.50	27.50
8. Adult Health Screening (#W9606)	40.25	32.25
9. Well Baby Check. (#90754)	15.00	13.75

Surgical (Minor) Services

	<u>Physician</u>	<u>ARNP</u>
1. Incision/drainage sebaceous cyst (#10000)	\$ 36.80	
2. Incision/drainage 2nd sebaceous cyst (#10001)	15.50	
3. Incision/drainage of furuncle (#10020)	31.00	12.00
4. Incision/drainage of abscess, simple (#10060)	31.00	12.00
5. Incision/drainage of onychia, simple (#10100)	30.00	
6. Incision/drainage of onychia, complicated (#10101)	57.50	
7. Incision/removal of foreign body, simple (#10120)	50.00	16.00
8. Incision/drainage of hematoma, simple (#10140)	40.25	13.75
9. Puncture aspiration abscess, hematoma, cyst (#10160)	34.50	16.00
10. Debridement, skin, partial thickness (#11040)	24.75	9.00
11. Biopsy of skin, sub. tis. or mucous membrane (#11100)	17.25	
12. Excision, benign lesion, trunk, arm, leg (#11402)	26.50	
13. Excision, benign lesion, face, ears, etc. (#11442)	39.00	
14. Avulsion nail plate, part or complete, simple (#11730)	15.50	
15. Wound repair, simple, neck, scalp, trunk, etc. (#12001)	51.75	
16. Destruction of flat warts, up to 15 (#17110)	8.75	
17. Removal foreign body, intranasal (#30300)	24.00	19.50
18. Control nasal hemorrhage, anterior/unilateral (#30901)	50.00	40.25
19. Control nasal hemorrhage, anterior/bilateral (#30902)	94.25	75.25
20. Anoscopy, diagnostic (#46600)	9.75	
21. Removal foreign body, ext. eye, superficial (#65705)	4.75	
22. Removal foreign body, external eye, embedded (#65210)	13.25	
23. Removal foreign body, external auditory canal (#69200)	11.00	
24. Removal impacted cerumen, one or both ears (#69210)	11.00	

EXHIBIT A
FEE SCHEDULE
Personal Health Services
(Continued)

OB/GYN Services

Prenatal

	<u>Physician</u>	<u>ARNP</u>
1. Antepartum Low Risk package 10 visits (#59420)	\$400.00	\$325.00
2. Postpartum (#59430)	57.50	46.00
3. Fetal non-stress test (#59025)	26.50	

New Patients

1. Limited visit (#90010)	\$ 34.50	27.50
2. Comprehensive visit (#90020)	57.50	46.00
3. Fetal non-stress test (#59025)	26.50	

Established Patients

1. Limited visit (#90050)	\$ 24.75	19.50
2. Comprehensive visit (#90080)	57.50	41.50
3. Fetal non-stress test (#59025)	26.50	

Contract for Delivery Services (with University Medical Center, Jacksonville)

1. Vaginal delivery only (#59410)	\$400.00	
2. Cesarean section (#59500 or #59520)	400.00	
3. In-patient care (per day)	686.00	

Family Planning

1. Family Planning visit; initial/annual (#W9759)	40.25	32.25
2. Family Planning counseling visit (#W9850)	23.00	18.50
3. Family Planning supply visit (#W9851)	11.50	9.25
4. Insertion of IUD (plus cost of device) (#58300)	26.50	
5. Removal of IUD (#58301)	12.50	

Nutrition Services

1. Counseling, new patient	\$ 15.00	
2. Counseling, established patient	10.00	