

RESOLUTION NO. 97-157

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, APPROVING FEES TO BE CHARGED BY THE NASSAU COUNTY HEALTH DEPARTMENT FOR THE DENTAL PROGRAM

WHEREAS, the Nassau County Health Department is authorized to establish charges and collect reasonable fees in connection with services performed by said Health Department by virtue of Chapter 154, Florida Statutes, as amended, and other applicable statutes and laws of the State of Florida; and

WHEREAS, the Nassau County Health Department did review the fees collected, and determined that in order to assist in defraying the cost of providing dental services, said fees should be in accordance with the Schedule of Fees and Services, Dental Program, 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 Nassau County Health Department and approved the Schedule of Fees and Services, Dental Program, attached hereto and marked Exhibit "A".

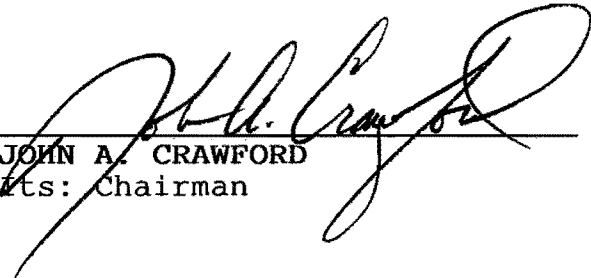
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Nassau County, Florida, this 28th day of July, 1997 as follows:

1. That Resolution No. 91-36 and all its amendments is hereby amended to include the Schedule of Fees and Services, Dental Program, attached hereto.
2. That the Nassau County Health Department is hereby authorized to make adjustments to the Schedule of Fees and Services, Dental Program, in the event of a cost change for services, change in the Medicaid reimbursement

rate, or inclusion of additional dental services without specific approval of the Board of County Commissioners of Nassau County, Florida.

3. This Resolution shall take effect immediately upon its adoption and will remain in effect until altered or rescinded by action of the Board of County Commissioners of Nassau County, Florida.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



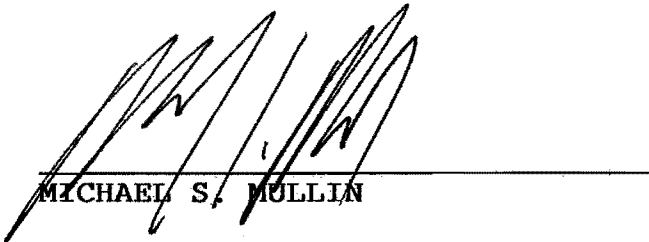
JOHN A. CRAWFORD
Its: Chairman

ATTEST:



J. M. "CHIP" OXLEY, JR.
Its: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney:



MICHAEL S. MULLIN

EXHIBIT A
FEE SCHEDULE

Dental Program

Diagnostic

1.	Initial/Comprehensive Oral Exam (#D0150)	\$	16.10
2.	Recall/Periodic Exam (#D0120)		16.10
3.	Emergency/Limited Oral Exam (#D0140)		8.05

Radiographs

1.	Intraoral-Complete Series/14PA,2BW (#D0210)	\$	34.50
2.	Intraoral-Periapical, first film (#D0220)		4.60
3.	Intraoral-Periapical, additional film (#D0230)		2.30
4.	Bitewing x-ray, single film (#D0270)		6.90
5.	Bitewing x-ray, two films (#D0272)		9.20
6.	Bitewing x-ray, four films (#D0274)		11.50

Preventive

1.	Prophylaxis, Children (#D1120)	\$	14.95
2.	Topical Fluoride Application, Children (#D1203)		11.50
3.	Prophylaxis, Adult (#D1110)		14.95
4.	Peridental Scaling & Root Planing/Quadrant (#D4341)		19.55
5.	Topical Fluoride Application, Adult (#D1204)		11.50
6.	Oral Hygiene Instruction (#D1330)		6.90
7.	Sealant, per tooth (#D1351)		13.80
8.	Palliative Emergency Therapy (#D9110)		12.65

Restorative

1.	Amalgam - 1 surface, primary (#D2110)	\$	28.75
2.	Amalgam - 2 surfaces, primary (#D2120)		37.95
3.	Amalgam - 3 surfaces, primary (#D2130)		49.45
4.	Amalgam - 4 or more surfaces, primary (#D2131)		60.95
5.	Amalgam - 1 surface, permanent (#D2140)		28.75
6.	Amalgam - 2 surfaces, permanent (#D2150)		37.95
7.	Amalgam - 3 surfaces, permanent (#D2160)		49.45
8.	Amalgam - 4 or more surfaces, permanent (#D2161)		60.95
9.	Resin - 1 surface, anterior (#D2330)		31.05
10.	Resin - 2 surfaces, anterior (#D2331)		36.80
11.	Resin - 3 surfaces, anterior (#D2332)		42.55
12.	Resin - 4 or more surfaces (#D2335)		73.60
13.	Stainless Steel Crown, Primary (#D2930)		64.40
14.	Temporary - fractured tooth (#D2970)		41.40
15.	First Pin Retention (#D2190)		5.75
16.	Additional Pin Retention (#D2951)		2.30

Endodontic

1.	Sedative Filling (#D2940)	\$	17.25
2.	Direct Pulp Cap (#D3110)		12.65
3.	Indirect Pulp Cap (#D3120)		10.35
4.	Pulpotomy (#D3220)		46.00
5.	Anterior Root Canal, Permanent (#D3310)		147.20
6.	Bicuspid Root Canal, Permanent (#D3320)		192.05
7.	Molar Root Canal, Permanent (#D3330)		238.05

Surgery

1.	Extraction, simple, single tooth (D7110)	\$	26.45
2.	Extraction, simple, each additional tooth (#D7120)		23.00
3.	Extraction, surgical, erupted tooth (#D7210)		41.40
4.	Extraction, surgical, impacted tooth (#D7220)		63.25
5.	Frenulectomy (#D7960)		57.50

Adjunctive Services

1.	Nitrous Oxide (#D9230)	\$	28.75
2.	Behavior Management (#D9920)		25.30
3.	Re-cement Crown (#D2920)		17.25