

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]												
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%
<b><u>PUBLIC HEALTH MEDICINE</u></b>															
ALL OFFICE VISITS	\$169.57	YES	\$169.57	\$140.74	\$113.61	\$84.79	\$55.96	\$28.83	\$0.00	\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
DRAWING/CLINICAL SAMPLE FEE (WITH OR WITHOUT VISIT OR CONSULT)	\$3.00	YES	\$3.00	\$2.49	\$2.01	\$1.50	\$0.99	\$0.51	\$0.00	\$0.51	\$0.99	\$1.50	\$2.01	\$2.49	\$3.00
PREGNANCY TEST URINE - (IF NOT PART OF AN EXAM)	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00
H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C	\$40.00	NO													
SOCIAL SERVICES EDUCATION AND COUNSELING	\$51.00	NO													
INJECTION FEE (VACCINATION) FEE APPLIES TO ADULTS AND IS IN ADDITION TO MEDICATION/VACCINE ADMINISTERED. CHILDREN ONLY CHARGED IN THE CASE OF OPTIONAL INTERNATIONAL VACCINATIONS	\$10.00	NO													

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]													
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%	
<b><u>FAMILY PLANNING</u></b>																
FAMILY PLANNING ANNUAL EXAM	\$169.57	YES									\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
FAMILY PLANNING COUNSELING	\$169.57	YES									\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
FAMILY PLANNING SUPPLY VISIT	\$169.57	YES									\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
IUD INSERTION (PLUS COST OF DEVICE)	\$169.57	YES									\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
IUD REMOVAL	\$169.57	YES									\$28.83	\$55.96	\$84.79	\$113.61	\$140.74	\$169.57
LILETTA (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$50.93	YES									\$8.66	\$16.81	\$25.47	\$34.12	\$42.27	\$50.93
MIRENA (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$287.39	YES									\$48.86	\$94.84	\$143.70	\$192.55	\$238.53	\$287.39
NEXPLANON (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$403.00	YES									\$68.51	\$132.99	\$201.50	\$270.01	\$334.49	\$403.00
PARAGARD ( SUPPLY ONLY) CHARGE - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$249.13	YES									\$42.35	\$82.21	\$124.57	\$166.92	\$206.78	\$249.13
TUBAL LIGATION - PATIENTSHARE MUST BE PAID PRIOR TO PROCEDURE	\$1,600.00	YES									\$272.00	\$528.00	\$800.00	\$1,072.00	\$1,328.00	\$1,600.00
VASECTOMY (VISIT PLUS CONTRACTED PROCEDURE)- PATIENT SHARE MUST BE PAID PRIOR TO PROCEDURE	\$450.00	YES									\$76.50	\$148.50	\$225.00	\$301.50	\$373.50	\$450.00

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	Family Planning Only												
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%
<b>COMMUNICABLE DISEASE</b>															
BIKTARVY	\$2,124.93	YES	2,124.93	1,763.69	1,423.70	1,062.47	\$701.23	\$361.24	\$0.00	\$361.24	\$701.23	\$1,062.47	\$1,423.70	1,763.69	\$2,124.93
DESCOVY 200 MG-25MG 30	\$421.62	YES	\$421.62	\$349.94	\$282.49	\$210.81	\$139.13	\$71.68	\$0.00	\$71.68	\$139.13	\$210.81	\$282.49	\$349.94	\$421.62
GENVOYA 150-150-200-10MG 30	\$1,875.47	YES	1,875.47	1,556.64	1,256.56	\$937.74	\$618.91	\$318.83	\$0.00	\$318.83	\$618.91	\$937.74	\$1,256.56	1,556.64	\$1,875.47
HEP C AB W/REFL HCV (QUEST) TEST 8472	\$5.80	NO													
HEPATITIS - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO													
HEPATITIS A (PER DOSE - 2 REQUIRED)	\$41.73	NO													
HEPATITIS A (PER DOSE - 3 REQUIRED)	\$41.73	NO													
HEPATITIS B VACCINE SERIES (\$41.73) PER DOSE)	\$125.19	NO													
HEPATITIS PANEL (QUEST) TEST	\$20.60	NO													
HIV - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO													
HIV EDUCATION	\$125.00	NO													
HSV -SIMPLEX TYPE 1 OR HSV SIMPLEX TYPE 2	\$8.00	NO													
LTBI SERVICE	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00
PREZCOBIX 150 MG 30	\$800.82	YES	\$800.82	\$664.68	\$536.55	\$400.41	\$264.27	\$136.14	\$0.00	\$136.14	\$264.27	\$400.41	\$536.55	\$664.68	\$800.82
RABIES IMMUNE GLOBULIN (RIG) USP (90376) PLUS ADMINISTRATION FEE'S ***	\$723.00	YES	\$723.00	\$600.09	\$484.41	\$361.50	\$238.59	\$122.91	\$0.00	\$122.91	\$238.59	\$361.50	\$484.41	\$600.09	\$723.00
RABIES VACCINE, FOR INTRAMUSCULAR USE(90675) PLUS ADMINISTRATION FEES (PER DOSE MAX SIX PER TREATMENT)***	\$298.84	YES	\$298.84	\$248.04	\$200.22	\$149.42	\$98.62	\$50.80	\$0.00	\$50.80	\$98.62	\$149.42	\$200.22	\$248.04	\$298.84
STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO													
STD SCREENING - DOES NOT INCLUDE TREATMENT	\$55.00	NO													

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	Family Planning Only														
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%		
TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO															
TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCOL	\$169.57	NO															
TB GOLD TESTING (QUANTIFERON) EMPLOYMENT/SCHOOL	\$29.00	NO															
TB SCREENING AND SKIN TEST	\$25.00	NO															
TB SKIN TEST (EMPLOYMENT)	\$25.00	NO															
TB SYMPTOM ASSESSMENT	\$25.00	NO															
TIVICAY (DOLUTEGRAVIR)	\$804.14	YES	\$804.14	\$667.44	\$538.77	\$402.07	\$265.37	\$136.70	\$0.00	\$136.70	\$265.37	\$402.07	\$538.77	\$667.44	\$804.14		
TRUVADA	\$417.22	YES	\$417.22	\$346.29	\$279.54	\$208.61	\$137.68	\$70.93	\$0.00	\$70.93	\$137.68	\$208.61	\$279.54	\$346.29	\$417.22		
VDRL	\$56.00	NO															
<b><u>DENTAL SEALANT</u></b>																	
ASSESSMENT OF A PATIENT	\$10.40	YES	\$10.40	\$8.63	\$6.97	\$5.20	\$3.43	\$1.77	\$0.00	\$1.77	\$3.43	\$5.20	\$6.97	\$8.63	\$10.40		
DENTAL SEALANT PER TOOTH	\$19.32	YES	\$19.32	\$16.04	\$12.94	\$9.66	\$6.38	\$3.28	\$0.00	\$3.28	\$6.38	\$9.66	\$12.94	\$16.04	\$19.32		
ORAL HYGIENE INSTRUCTION	\$8.92	YES	\$8.92	\$7.40	\$5.98	\$4.46	\$2.94	\$1.52	\$0.00	\$1.52	\$2.94	\$4.46	\$5.98	\$7.40	\$8.92		
SCREENING OF A PATIENT	\$10.40	YES	\$10.40	\$8.63	\$6.97	\$5.20	\$3.43	\$1.77	\$0.00	\$1.77	\$3.43	\$5.20	\$6.97	\$8.63	\$10.40		
SILVER DIAMINE FLOURIDE	\$6.44	YES	\$6.44	\$5.35	\$4.31	\$3.22	\$2.13	\$1.09	\$0.00	\$1.09	\$2.13	\$3.22	\$4.31	\$5.35	\$6.44		
TOPICAL FLUORIDE VARNISH	\$16.35	YES	\$16.35	\$13.57	\$10.95	\$8.18	\$5.40	\$2.78	\$0.00	\$2.78	\$5.40	\$8.18	\$10.95	\$13.57	\$16.35		

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]												
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%
<b>MEDICATIONS**</b>															
ACYCLOVIR 400 MG TAB #30	\$6.10	YES	\$6.10	\$5.06	\$4.09	\$3.05	\$2.01	\$1.04	\$0.00	\$1.04	\$2.01	\$3.05	\$4.09	\$5.06	\$6.10
AZITHROMYCIN (ZITHROMAX) 250 MG 4	\$5.48	YES	\$5.48	\$4.55	\$3.67	\$2.74	\$1.81	\$0.93	\$0.00	\$0.93	\$1.81	\$2.74	\$3.67	\$4.55	\$5.48
BICILLIN L-A INJECTION 2.4 UNITS	\$4.38	YES	\$4.38	\$3.64	\$2.93	\$2.19	\$1.45	\$0.74	\$0.00	\$0.74	\$1.45	\$2.19	\$2.93	\$3.64	\$4.38
CEFTRIAZONE SODIUM (ROCEPHIN)250MG	\$4.56	YES	\$4.56	\$3.78	\$3.06	\$2.28	\$1.50	\$0.78	\$0.00	\$0.78	\$1.50	\$2.28	\$3.06	\$3.78	\$4.56
CONTRACEPTIVE PATCH (XULANE)PER BOX PLUS ONE **	\$63.56	YES	\$63.56	\$52.75	\$42.59	\$31.78	\$20.97	\$10.81	\$0.00	\$10.81	\$20.97	\$31.78	\$42.59	\$52.75	\$63.56
CYCLAFEM 1/35 PER PACK PLUS 1 **	\$3.28	Yes								\$0.56	\$1.08	\$1.64	\$2.20	\$2.72	\$3.28
DEPO PROVERA	\$28.31	YES								\$4.81	\$9.34	\$14.16	\$18.97	\$23.50	\$28.31
DISPENSING FEE	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	\$0.00	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00
DOXYCYCLINE 100 MG CAPSULES PER BOTTLE (14 PILLS)	\$7.50	YES	\$7.50	\$6.23	\$5.03	\$3.75	\$2.48	\$1.28	\$0.00	\$1.28	\$2.48	\$3.75	\$5.03	\$6.23	\$7.50
DOXYCYCLINE HYCLATE 100 MG 14 CAPS	\$4.78	YES								\$0.81	\$1.58	\$2.39	\$3.20	\$3.97	\$4.78
EPI-PEN	\$98.00	YES	\$98.00	\$81.34	\$65.66	\$49.00	\$32.34	\$16.66	\$0.00	\$16.66	\$32.34	\$49.00	\$65.66	\$81.34	\$98.00
EPI-PEN JR	\$98.00	YES	\$98.00	\$81.34	\$65.66	\$49.00	\$32.34	\$16.66	\$0.00	\$16.66	\$32.34	\$49.00	\$65.66	\$81.34	\$98.00
FERROUS SULFATE 325 MG UD (BOX OF 100)	\$4.78	YES	\$4.78	\$3.97	\$3.20	\$2.39	\$1.58	\$0.81	\$0.00	\$0.81	\$1.58	\$2.39	\$3.20	\$3.97	\$4.78
FLUCONAZOLE 150 MG 1 PILL	\$4.92	YES	\$4.92	\$4.08	\$3.30	\$2.46	\$1.62	\$0.84	\$0.00	\$0.84	\$1.62	\$2.46	\$3.30	\$4.08	\$4.92
FOLIC ACID 0.4 MG TAB 100	\$4.94	YES	\$4.94	\$4.10	\$3.31	\$2.47	\$1.63	\$0.84	\$0.00	\$0.84	\$1.63	\$2.47	\$3.31	\$4.10	\$4.94
LESSINA PER PKG PLUS ONE DF	\$5.68	YES								\$0.97	\$1.87	\$2.84	\$3.81	\$4.71	\$5.68
LOW-OGESTREL PER PKG PLUS ONE **	\$1.76	YES								\$0.30	\$0.58	\$0.88	\$1.18	\$1.46	\$1.76
METRONIDAZOLE (4 TABS)	\$5.12	YES	\$5.12	\$4.25	\$3.43	\$2.56	\$1.69	\$0.87	\$0.00	\$0.87	\$1.69	\$2.56	\$3.43	\$4.25	\$5.12
METRONIDAZOLE 500MG (FLAGYL) 14 TABS	\$7.92	YES	\$7.92	\$6.57	\$5.31	\$3.96	\$2.61	\$1.35	\$0.00	\$1.35	\$2.61	\$3.96	\$5.31	\$6.57	\$7.92
METRONIDAZOLE VAGINAL GEL 0.75% 70 GM	\$21.57	YES	\$21.57	\$17.90	\$14.45	\$10.79	\$7.12	\$3.67	\$0.00	\$3.67	\$7.12	\$10.79	\$14.45	\$17.90	\$21.57
MICONOZOLE NITRATE CRM 2% 45GM	\$7.67	YES	\$7.67	\$6.37	\$5.14	\$3.84	\$2.53	\$1.30	\$0.00	\$1.30	\$2.53	\$3.84	\$5.14	\$6.37	\$7.67
MICRONOR PER PKG PLUS ONE **	\$0.26	YES	\$0.26	\$0.22	\$0.17	\$0.13	\$0.09	\$0.04	\$0.00	\$0.04	\$0.09	\$0.13	\$0.17	\$0.22	\$0.26

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	Family Planning Only												
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%
NYSTATIN 100,000 U/GM CR 15GM	\$4.25	YES	\$4.25	\$3.53	\$2.85	\$2.13	\$1.40	\$0.72	\$0.00	\$0.72	\$1.40	\$2.13	\$2.85	\$3.53	\$4.25
NYSTATIN/TRIAMCINOLONE ACETONIDE 1 GM 0.1% CR (IN STOCK) 15GM	\$7.90	YES	\$7.90	\$6.56	\$5.29	\$3.95	\$2.61	\$1.34	\$0.00	\$1.34	\$2.61	\$3.95	\$5.29	\$6.56	\$7.90
ORTHO NOVUM 777 PER PKG PLUS ONE **	\$2.95	YES								\$0.50	\$0.97	\$1.48	\$1.98	\$2.45	\$2.95
ORTHO TRICYCLEN LO PER PKG PLUS ONE **	\$0.26	YES								\$0.04	\$0.09	\$0.13	\$0.17	\$0.22	\$0.26
ORTHO TRICYCLEN PER PKG PLUS ONE **	\$0.26	YES								\$0.04	\$0.09	\$0.13	\$0.17	\$0.22	\$0.26
PLAN B	\$10.08	YES								\$1.71	\$3.33	\$5.04	\$6.75	\$8.37	\$10.08
PRENATAL VITAMINS	\$6.37	YES								\$1.08	\$2.10	\$3.19	\$4.27	\$5.29	\$6.37
RECLIPSON PER PKG PLUS ONE **	\$6.31	YES								\$1.07	\$2.08	\$3.16	\$4.23	\$5.24	\$6.31
TERCONAZOLE CREAM 0.4% 45GM	\$12.45	YES	\$12.45	\$10.33	\$8.34	\$6.23	\$4.11	\$2.12	\$0.00	\$2.12	\$4.11	\$6.23	\$8.34	\$10.33	\$12.45
TRIAMCINOLONE ACETONIDE 0.1% CREAM	\$4.13	YES	\$4.13	\$3.43	\$2.77	\$2.07	\$1.36	\$0.70	\$0.00	\$0.70	\$1.36	\$2.07	\$2.77	\$3.43	\$4.13
VAGINAL RING (NUVARING) 3 PKG PLUS ONE **	\$0.09	YES								\$0.02	\$0.03	\$0.05	\$0.06	\$0.07	\$0.09

**VITAL STATISTICS**

AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH	\$10.00	NO													
AFFIDAVIT OF BIRTH CERTIFICATION RELEASE	\$10.00	NO													
AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION	\$10.00	NO													
CERTIFIED BIRTH CERTIFICATE - FLORIDA BIRTHS 1930 TO PRESENT	\$17.00	NO													
CERTIFIED DEATH CERTIFICATE	\$15.00	NO													
EXPEDITING FEE	\$10.00	NO													
PLASTIC DOCUMENT PROTECTIVE COVER	\$5.00	NO													
SEARCH FEE FOR YEARS OTHER THAN GIVEN	\$10.00	NO													

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]										
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%

WIC AND NUTRITION

BREASTFEEDING COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$32.28	NO													
BREASTFEEDING COUNSELING, FOLLOW-UP	\$30.00	NO													
BREASTFEEDING COUNSELING, INITIAL	\$60.00	NO													
NUTRITION CONSULTATION AND/OR PRESENTATION (PER 15 MINUTE UNIT)	\$50.00	NO													
NUTRITIONAL ASSESSMENT AND COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$25.82	NO													
NUTRITIONAL ASSESSMENT AND COUNSELING, INITIAL	\$60.00	NO													

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	Family Planning Only									
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%

**OTHER SERVICES**

INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN	\$60.00	NO													
TYPHOID (ADULT)	\$65.88	NO													
TDAP (ADULT)	\$36.50	NO													
IPV POLIO (ADULT)	\$32.58	NO													
INITIAL PLAN REVIEW (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$60.00	NO													
PLAN UPDATE OR REVISION (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$30.00	NO													
FORM COMPLETION (ONE TO TWO PAGES)	\$10.00	NO													
EDUCATION SESSIONS-PER PARTICIPANT - PER SESSION	\$30.00	NO													
EDUCATION SESSIONS-PER GROUP - PER SESSION	\$300.00	NO													
COPIES - PER PAGE (WAIVED IF CHARGE IS LESS THAN \$5.00)	\$0.15	NO													
NONSUFFICIENT FEES (NSF) CHARGE PLUS PERCENT OF FACE VALUE AND FEES IF APPROPRIATE	\$25.00	NO													

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only



**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]											
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%
<b><u>ENVIRONMENTAL HEALTH</u></b>														
ABANDON AND REPLACE A WELL AT ONE SITE (EXCLUDES PUBLIC SUPPLY WELLS)	\$175.00	NO												
ABANDON ONE TO EIGHT WELLS AT ONE SITE OF SIMILAR SIZE IN DIAMETER AND DEPTH	\$75.00	NO												
ALL LIMITED USE SYSTEMS 1ST YR CONSTRUCTION AND OPERATING PERMIT COMMUNITY OR COMMERCIAL SYSTEM	\$60.00	NO												
ALL LIMITED USE SYSTEMS 2ND YEAR OPERATING PERMIT AND SUBSEQUENT YEARS COMMUNITY OR COMMERCIAL SYSTEM	\$60.00	NO												
AMENDMENT TO OPERATING PERMIT (INCLUDES CHANGE IN OCCUPANCY OR TENANT)	\$12.00	NO												
ANNUAL OPERATING PERMIT FOR INDUSTRIAL/MANUFACTURING ZONING OR COMMERCIAL SEWAGE WASTE	\$50.00	NO												
APPLICATION FOR SEPTIC SYSTEM ABANDONMENT PERMIT, INCLUDES PERMIT ISSUANCE AND INSPECTION	\$30.00	NO												
BIENNIAL OPERATING PERMIT FOR AEROBIC OR PERFORMANCE-BASED	\$50.00	NO												
BIOSOLID DISPOSAL VEHICLE ANNUAL OPERATING PERMIT	\$1,400.00	NO												
BIOSOLID SITE ANNUAL OPERATING PERMIT (PER ACRE CHARGE)	\$5.00	NO												
ENVIRONMENTAL FIELD SAMPLE COLLECTION	\$60.00	NO												
GENERAL ANNUAL OPERATING PERMITS	\$50.00	NO												
LIMITED USE COMMERCIAL REGISTRATION EXEMPTION APPLICATION	\$35.00	NO												
LIMITED USE EXISTING SYSTEM OPERATING PERMIT	\$75.00	NO												

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	Family Planning Only														
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%		
LIMITED USE FAMILY DAY CARE CONSTRUCTION AND OPERATING PERMIT	\$120.00	NO															
LIMITED USE FAMILY DAY CARE SYSTEM PERMITTED AFTER MARCH 31	\$60.00	NO															
LIMITED USE MULTI FAMILY CONSTRUCTION AND OPERATING PERMIT	\$75.00	NO															
LIMITED USE PUBLIC WATER SAMPLE (MUST BE COLLECTED BY SYSTEM OPERATOR)	\$25.00	NO															
MIGRANT LABOR HOUSING OR CAMP ANNUAL PERMIT 5- 50	\$135.00	NO															
MIGRANT LABOR HOUSING OR CAMP ANNUAL PERMIT 51 - 100	\$235.00	NO															
MIGRANT LABOR HOUSING OR CAMP ANNUAL PERMIT 101 OR MORE	\$510.00	NO															
MODIFICATION SEPTIC SYSTEM \$135.00 NO	\$135.00	NO															
NEW SEPTIC SYSTEM PERMIT	\$100.00	NO															
NEW SHARPS CONTAINER AND DISPOSAL ONE GALLON	\$8.00	NO															
NEW SHARPS CONTAINER AND DISPOSAL TWO GALLON	\$10.00	NO															
PLAN REVIEW FOR PLANS NOT COVERED UNDER ANOTHER CATEGORY (PER HOUR)	\$75.00	NO															
PRIVATE AND LIMITED-USE WELL VARIANCE APPLICATION	\$150.00	NO															
PUBLIC SUPPLY WELL PERMIT LESS THAN 6" IN DIAMETER	\$300.00	NO															
PUBLIC SUPPLY WELL PERMIT GREATER THAN OR EQUAL TO 6" IN DIAMETER	\$400.00	NO															
RABIES TEST FOR NON-POTENTIAL DOGS ALL OTHER ANIMALS	\$110.00	NO															
RABIES TEST FOR NON-POTENTIAL ANIMAL ALL OTHER ANIMALS	\$90.00	NO															

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]														
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%		
REINSPECTION OF LIMITED USE COMMERCIAL OR COMMUNITY WATER SYSTEM	\$35.00	NO															
REPAIR SEPTIC SYSTEM PERMIT	\$30.00	NO															
SEPTIC SYSTEM APPLICATION AND APPROVAL FOR EXISTING SYSTEM, IF SYSTEM INSPECTION IS NOT REQUIRED	\$50.00	NO															
SEPTIC SYSTEM APPLICATION AND PLAN REVIEW FOR CONSTRUCTION PERMIT FOR ENGINEER-DESIGNED SYSTEM	\$100.00	NO															
SEPTIC SYSTEM ENGINEER DESIGNED TIMED INSPECTION	\$25.00	NO															
SEPTIC SYSTEM PLAN REVIEW RELATED TO A PERMIT AMENDMENT (EXCLUDES ABANDONMENTS)	\$50.00	NO															
SEPTIC SYSTEM PLAN REVIEW REQUIRED BY BUILDING DEPARTMENT	\$50.00	NO															
SEPTIC SYSTEM REINSPECTION	\$25.00	NO															
SEPTIC SYSTEM SITE RE-EVALUATION	\$25.00	NO															
SHARPS DISPOSAL ONLY (FOR EACH 1 GALLON SIZE CONTAINER)	\$3.00	NO															
SOIL BORING	\$75.00	NO															
SUBDIVISION ANALYSIS / PLAN REVIEW / APPROVAL FOR SEPTIC SYSTEMS PLATS WITH: 2-25 BUILDING LOTS	\$250.00	NO															
SUBDIVISION ANALYSIS/ PLAN REVIEW / APPROVAL FOR SEPTIC SYSTEMS PLATS WITH: 26-50 BUILDING LOTS	\$350.00	NO															
SUBDIVISION ANALYSIS / PLAN REVIEW / APPROVAL FOR SEPTIC SYSTEMS PLATS WITH: 51-75 BUILDING LOTS	\$400.00	NO															
SUBDIVISION ANALYSIS / PLAN REVIEW / APPROVAL FOR SEPTIC SYSTEMS PLATS WITH: 76 OR MORE BUILDING LOTS	\$600.00	NO															

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2018/2019**

DESCRIPTION	FULL FEE	SLIDING FEE	[Family Planning Only]														
			100%	83%	67%	50%	33%	17%	0%	17%	33%	50%	67%	83%	100%		
CONSTRUCTION OF ONE TO EIGHT MONITORING OR ASSESSMENT WELLS AT ONE SITE-PER SITE FEE	\$150.00	NO															
WELL SITE EVALUATION OR SANITARY SURVEY	\$150.00	NO															
WELL PERMIT (EXCLUDES PUBLIC DRINKING WELLS AND INCLUDES IRRIGATION)	\$150.00	NO															
WELL CONSTRUCTION REINSPECTION FEE	\$75.00	NO															
INSPECTION OR REINSPECTION FOR ANY PROGRAM WHERE THERE IS NO STATE FEE NOTED IN FLORIDA ADMINISTRATIVE CODE,FLORIDA STATUTES, OR COUNTY ORDINANCES	\$75.00	NO															
FOOD INSPECTION FEE	\$35.00	NO															
LATE PAYMENT FEE	\$75.00	NO															

\* Indicates that service/product may be unavailable/limited

\*\* Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

\*\*\* Uninsured Martin County Residents only