

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2020/2021

DESCRIPTION	FULL FEE	SLIDING FEE	0%	17%	33%	50%	67%	83%	100%
<u>FAMILY PLANNING</u>									
FAMILY PLANNING ANNUAL EXAM	\$166.59	YES	0	\$28.32	\$54.97	\$83.30	\$111.62	\$138.27	\$166.59
FAMILY PLANNING COUNSELING	\$166.59	YES	0	\$28.32	\$54.97	\$83.30	\$111.62	\$138.27	\$166.59
FAMILY PLANNING SUPPLY VISIT	\$166.59	YES	0	\$28.32	\$54.97	\$83.30	\$111.62	\$138.27	\$166.59
IUD INSERTION (PLUS COST OF DEVICE)	\$166.59	YES	0	\$28.32	\$54.97	\$83.30	\$111.62	\$138.27	\$166.59
IUD REMOVAL	\$166.59	YES	0	\$28.32	\$54.97	\$83.30	\$111.62	\$138.27	\$166.59
TUBAL LIGATION - PATIENTSHARE MUST BE PAID PRIOR TO PROCEDURE	\$1,600.00	YES	0	\$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	0	\$76.50	\$148.50	\$225.00	\$301.50	\$373.50	\$450.00
<u>PUBLIC HEALTH MEDICINE</u>									
DRAWING/CLINICAL SAMPLE FEE (WITH OR WITHOUT VISIT OR CONSULT)	\$4.00	YES	0	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00
FAMILY PLANNING INJECTION FEE	\$10.00	YES	0	\$1.70	\$3.30	\$5.00	\$6.70	\$8.30	\$10.00
PREGNANCY TEST URINE - (IF NOT PART OF AN EXAM)	\$15.00	YES	0	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00

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<u>MEDICATIONS**</u>									
ACYCLOVIR 400 MG TAB #30 PLUS **	\$0.84	YES	0	\$0.14	\$0.28	\$0.42	\$0.56	\$1.25	\$0.84
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$0.56	YES	0	\$0.10	\$0.18	\$0.28	\$0.38	\$0.46	\$0.56
BICILLIN L-A INJECTION COST PER 1.2 UNIT (2) PLUS ONE**	\$0.18	YES	0	\$0.03	\$0.06	\$0.09	\$0.12	\$0.15	\$0.18
CEFTRIAZONE SODIUM (ROCEPHIN) 1MG	\$0.98	YES	0	\$0.17	\$0.32	\$0.49	\$0.66	\$0.81	\$0.98
CEFTRIAZONE SODIUM (ROCEPHIN)250MG	\$0.80	YES	0	\$0.14	\$0.26	\$0.40	\$0.54	\$0.66	\$0.80
CRYSELLE	\$4.81	YES	0	\$0.82	\$1.59	\$2.41	\$3.22	\$3.99	\$4.81
CYCLAFEM 1/35 PER PACK PLUS 1 **	\$4.32	Yes	0	\$0.73	\$1.43	\$2.16	\$2.89	\$3.59	\$4.32
DEPO PROVERA PLUS ** (BRAND)SEE ALSO (MEDROXYPROGESTERONE)	\$0.23	YES	0	\$0.04	\$0.08	\$0.12	\$0.15	\$0.19	\$0.23
DISPENSING FEE	\$4.00	YES	0	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00
DOXYCYCLINE MONOHYDRATE 100 MG 14 CAPS **	\$0.70	YES	0	\$0.12	\$0.23	\$0.35	\$0.47	\$0.58	\$0.70
EMOQUETTE	\$0.57	YES	0	\$0.10	\$0.19	\$0.29	\$0.38	\$0.47	\$0.57
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.90	YES	0	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90
FLUCONAZOLE 150 MG 1 PILL PLUS**	\$0.16	YES	0	\$0.03	\$0.05	\$0.08	\$0.11	\$0.13	\$0.16
FOLIC ACID	\$1.71	YES	0	\$0.29	\$0.56	\$0.86	\$1.15	\$1.42	\$1.71
LESSINA PER PKG PLUS ONE DF **	\$3.90	YES	0	\$0.66	\$1.29	\$1.95	\$2.61	\$3.24	\$3.90
LILETTA (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$93.76	YES	0	\$15.94	\$30.94	\$46.88	\$62.82	\$77.82	\$93.76
MEDROXYPROGESTERONE PLUS ** (GENERIC DEPO-PROVERA)	\$0.23	YES	0	\$0.04	\$0.08	\$0.12	\$0.15	\$0.19	\$0.23
METRONIDAZOLE (4 TABS) PLUS **	\$0.20	YES	0	\$0.03	\$0.07	\$0.10	\$0.13	\$0.17	\$0.20
METRONIDAZOLE 500MG (FLAGYL) 14 TABS	\$0.70	YES	0	\$0.12	\$0.23	\$0.35	\$0.47	\$0.58	\$0.70
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)	\$9.95	YES	0	\$1.69	\$3.28	\$4.98	\$6.67	\$8.26	\$9.95
MICONOZOLE NITRATE CRM 2% 45GM PLUS **	\$3.57	YES	0	\$0.61	\$1.18	\$1.79	\$2.39	\$2.96	\$3.57
NEXPLANON (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$399.00	YES	0	\$67.83	\$131.67	\$199.50	\$267.33	\$331.17	\$399.00
NORETHINDRONE	\$1.01	YES	0	\$0.17	\$0.33	\$0.51	\$0.68	\$0.84	\$1.01
NORGESTIMATE/ETHINYL PER PKG PLUS**	\$2.60	YES	0	\$0.44	\$0.86	\$1.30	\$1.74	\$2.16	\$2.60

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NORTREL 777 PER PKG PLUS ONE **	\$2.78	YES	0	\$0.47	\$0.92	\$1.39	\$1.86	\$2.31	\$2.78
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.88	YES	0	\$0.15	\$0.29	\$0.44	\$0.59	\$0.73	\$0.88
NYSTATIN/TRIAMCINOLONE ACETONIDE 1 GM 0.1% CR (IN STOCK) 15GM	\$8.07	YES	0	\$1.37	\$2.66	\$4.04	\$5.41	\$6.70	\$8.07
PARAGARD (SUPPLY ONLY) CHARGE - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$256.42	YES	0	\$43.59	\$84.62	\$128.21	\$171.80	\$212.83	\$256.42
PLAN B **	\$3.55	YES	0	\$0.60	\$1.17	\$1.78	\$2.38	\$2.95	\$3.55
PRENATAL VITAMINS PLUS **	\$1.92	YES	0	\$0.33	\$0.63	\$0.96	\$1.29	\$1.59	\$1.92
TERCONAZOLE CREAM 0.4% 45GM	\$8.82	YES	0	\$1.50	\$2.91	\$4.41	\$5.91	\$7.32	\$8.82
TRIAMCINOLONE ACETONIDE 0.1% CREAM PLUS ** 15 UNITS	\$0.60	YES	0	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60
TRI-SPRINTEC	\$1.92	YES	0	\$0.33	\$0.63	\$0.96	\$1.29	\$1.59	\$1.92
VAGINAL RING (NUVARING) 3 PKG PLUS ONE **	\$0.03	YES	0	\$0.01	\$0.01	\$0.02	\$0.02	\$0.02	\$0.03

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