

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2020/2021**

<b>DESCRIPTION</b>	<b>FULL FEE</b>	<b>SLIDING FEE</b>	<b>100%</b>	<b>83%</b>	<b>67%</b>	<b>50%</b>	<b>33%</b>	<b>17%</b>	<b>0%</b>
<b><u>PUBLIC HEALTH MEDICINE</u></b>									
ALL OFFICE VISITS	\$166.59	YES	\$166.59	\$138.27	\$111.62	\$83.30	\$54.97	\$28.32	0
DRAWING/CLINICAL SAMPLE FEE (WITH OR WITHOUT VISIT OR CONSULT)	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	0
H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C	\$40.00	NO							
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
SOCIAL SERVICES EDUCATION AND COUNSELING	\$51.00	NO							

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<b><u>COMMUNICABLE DISEASE</u></b>									
BIKTARVY PLUS**	\$2,090.12	YES	\$2,090.12	\$1,734.80	\$1,400.38	\$1,045.06	\$689.74	\$355.32	0
DESCOVY 200 MG-25MG 30	\$406.13	YES	\$406.13	\$337.09	\$272.11	\$203.07	\$134.02	\$69.04	0
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 PANEL (QUEST) TEST	\$22.00	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	\$9.00	NO							
LTBI SERVICE	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	0
PREZCOBIX	\$1,004.51	YES	\$1,004.51	\$833.74	\$673.02	\$502.26	\$331.49	\$170.77	0
RPR/CONFIRMATORY	\$6.00	NO							
STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO							
STD SCREENING (LABS ONLY)	\$55.00	NO							
SYMTUZA 30 UNITS	\$2,427.48	YES	\$2,427.48	\$2,014.81	\$1,626.41	\$1,213.74	\$801.07	\$412.67	0
TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO							
TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCOL	\$166.59	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)	\$793.44	YES	\$793.44	\$658.56	\$531.60	\$396.72	\$261.84	\$134.88	0
TRUVADA PLUS **	\$406.13	YES	\$406.13	\$337.09	\$272.11	\$203.07	\$134.02	\$69.04	0

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<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
DENTAL SEALANT PER TOOTH	\$19.32	YES	\$19.32	\$16.04	\$12.94	\$9.66	\$6.38	\$3.28	0
ORAL HYGIENE INSTRUCTION	\$8.92	YES	\$8.92	\$7.40	\$5.98	\$4.46	\$2.94	\$1.52	0
SCREENING OF A PATIENT	\$10.40	YES	\$10.40	\$8.63	\$6.97	\$5.20	\$3.43	\$1.77	0
SILVER DIAMINE FLOURIDE	\$6.44	YES	\$6.44	\$5.35	\$4.31	\$3.22	\$2.13	\$1.09	0
TOPICAL FLUORIDE VARNISH	\$16.35	YES	\$16.35	\$13.57	\$10.95	\$8.18	\$5.40	\$2.78	0

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<b><u>MEDICATIONS**</u></b>									
ACYCLOVIR 400 MG TAB #30 PLUS **	\$0.84	YES	\$0.84	\$0.70	\$0.56	\$0.75	\$0.28	\$0.14	0
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$0.56	YES	\$0.56	\$0.46	\$0.38	\$0.28	\$0.18	\$0.10	0
BICILLIN L-A INJECTION COST PER 1.2 UNIT (2) PLUS ONE**	\$0.18	YES	\$0.18	\$0.15	\$0.12	\$0.09	\$0.06	\$0.03	0
CEFTRIAZONE SODIUM (ROCEPHIN) 1MG	\$0.98	YES	\$0.98	\$0.81	\$0.66	\$0.49	\$0.32	\$0.17	0
CEFTRIAZONE SODIUM (ROCEPHIN)250MG	\$0.80	YES	\$0.80	\$0.66	\$0.54	\$0.40	\$0.26	\$0.14	0
DISPENSING FEE	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	0
DOXYCYCLINE MONOHYDRATE 100 MG 14 CAPS **	\$0.70	YES	\$0.70	\$0.58	\$0.47	\$0.35	\$0.23	\$0.12	0
EPI-PEN	\$278.53	YES	\$278.53	\$231.18	\$186.62	\$139.27	\$91.91	\$47.35	0
EPI-PEN JR	\$278.53	YES	\$278.53	\$231.18	\$186.62	\$139.27	\$91.91	\$47.35	0
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.90	YES	\$0.90	\$0.75	\$0.60	\$0.45	\$0.30	\$0.15	0
FLUCONAZOLE 150 MG 1 PILL PLUS**	\$0.16	YES	\$0.16	\$0.13	\$0.11	\$0.08	\$0.05	\$0.03	0
FOLIC ACID	\$1.71	YES	\$1.71	\$1.42	\$1.15	\$0.86	\$0.56	\$0.29	0
METRONIDAZOLE (4 TABS) PLUS **	\$0.20	YES	\$0.20	\$0.17	\$0.13	\$0.10	\$0.07	\$0.03	0
METRONIDAZOLE 500MG (FLAGYL) 14 TABS	\$0.70	YES	\$0.70	\$0.58	\$0.47	\$0.35	\$0.23	\$0.12	0
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)	\$9.95	YES	\$9.95	\$8.26	\$6.67	\$4.98	\$3.28	\$1.69	0
MICONOZOLE NITRATE CRM 2% 45GM PLUS **	\$3.57	YES	\$3.57	\$2.96	\$2.39	\$1.79	\$1.18	\$0.61	0
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.88	YES	\$0.88	\$0.73	\$0.59	\$0.44	\$0.29	\$0.15	0
NYSTATIN/TRIAMCINOLONE ACETONIDE 1 GM 0.1% CR (IN STOCK) 15GM	\$8.07	YES	\$8.07	\$6.70	\$5.41	\$4.04	\$2.66	\$1.37	0
PRENATAL VITAMINS PLUS **	\$1.92	YES	\$1.92	\$1.59	\$1.29	\$0.96	\$0.63	\$0.33	0
TERCONAZOLE CREAM 0.4% 45GM	\$8.82	YES	\$8.82	\$7.32	\$5.91	\$4.41	\$2.91	\$1.50	0
TRIAMCINOLONE ACETONIDE 0.1% CREAM PLUS ** 15 UNITS	\$0.60	YES	\$0.60	\$0.50	\$0.40	\$0.30	\$0.20	\$0.10	0

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**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							

**NUTRITION AND BREASTFEEDING**

BREASTFEEDING COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$32.50	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)	\$32.50	NO							
NUTRITIONAL ASSESSMENT AND COUNSELING, INITIAL	\$60.00	NO							

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<b><u>VACCINATIONS</u></b>									
HEPATITIS A (PER DOSE - 2 REQUIRED)	\$38.03	NO							
HEPATITIS B VACCINE SERIES (\$44.92)PER DOSE)	\$134.76	NO							
INFLUENZA VACCINE PLUS ADDITIONAL INJECTION FEE (ADMINISTRATION)	\$16.00	YES	\$16.00	\$13.28	\$10.72	\$8.00	\$5.28	\$2.72	0
INJECTION FEE	\$10.00	YES	\$10.00	\$8.30	\$6.70	\$5.00	\$3.30	\$1.70	0
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							
INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN	\$60.00	NO							
IPV POLIO (ADULT)	\$32.58	NO							
RABIES IMMUNE GLOBULIN (RIG) USP (90376) PLUS ADMINISTRATION FEE'S ***	\$727.00	YES	\$727.00	\$603.41	\$487.09	\$363.50	\$239.91	\$123.59	0
RABIES VACCINE, FOR INTRAMUSCULAR USE(90675) PLUS ADMINISTRATION FEES (PER DOSE MAX SIX PER TREATMENT)***	\$291.13	YES	\$291.13	\$241.64	\$195.06	\$145.57	\$96.07	\$49.49	0
TDAP (ADULT)	\$38.03	NO							
TYPHOID (ADULT)	\$65.88	NO							
<b><u>OTHER SERVICES</u></b>									
COPIES - PER PAGE (WAIVED IF CHARGE IS LESS THAN \$5.00)	\$0.15	NO							
EDUCATION SESSIONS-PER GROUP - PER SESSION	\$300.00	NO							
EDUCATION SESSIONS-PER PARTICIPANT - PER SESSION	\$30.00	NO							
FORM COMPLETION (ONE TO TWO PAGES)	\$10.00	NO							
INITIAL PLAN REVIEW (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$60.00	NO							
NONSUFFICIENT FEES (NSF) CHARGE PLUS PERCENT OF FACE VALUE AND FEES IF APPROPRIATE	\$25.00	NO							
PLAN UPDATE OR REVISION (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$60.00	NO							

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