

MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025

| DESCRIPTION | FULL FEE | SLIDING | 100% | 83% | 67% | 50% | 33% | 17% | 0% | |
|---|----------|---------|----------|----------|----------|---------|---------|---------|--------|--|
| | | FEE | | | | | | | | |
| <u>COMMUNICABLE DISEASE</u> | | | | | | | | | | |
| ALL OFFICE VISITS | \$163.26 | YES | \$163.26 | \$135.51 | \$109.38 | \$81.63 | \$53.88 | \$27.75 | \$0.00 | |
| STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT | \$0.00 | NO | | | | | | | | |
| TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT | \$0.00 | NO | | | | | | | | |
| TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCOL | \$163.26 | YES | \$163.26 | \$135.51 | \$109.38 | \$81.63 | \$53.88 | \$27.75 | \$0.00 | |
| TB SCREENING AND SKIN TEST AS PART OF A MEDICAL VISIT** | \$25.00 | YES | \$25.00 | \$20.75 | \$16.75 | \$12.50 | \$8.25 | \$4.25 | \$0.00 | |
| TB SYMPTOM ASSESSMENT** | \$25.00 | YES | \$25.00 | \$20.75 | \$16.75 | \$12.50 | \$8.25 | \$4.25 | \$0.00 | |
| HEPATITIS - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT** | \$0.00 | NO | | | | | | | | |
| H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C | \$40.00 | YES | \$40.00 | \$33.20 | \$26.80 | \$20.00 | \$13.20 | \$6.80 | \$0.00 | |
| HIV - CONTACT INTERVIEW- DOES NOT INCLUDE LABS OR TREATMENT | \$0.00 | NO | | | | | | | | |
| HIV EDUCATION | \$125.00 | NO | | | | | | | | |
| LTBI SERVICE | \$15.00 | YES | \$15.00 | \$12.45 | \$10.05 | \$7.50 | \$4.95 | \$2.55 | \$0.00 | |
| <u>PUBLIC HEALTH MEDICINE</u> | | | | | | | | | | |
| ALL OFFICE VISITS | \$163.26 | YES | \$163.26 | \$135.51 | \$109.38 | \$81.63 | \$53.88 | \$27.75 | \$0.00 | |
| INJECTION FEE (VACCINATION) FEE APPLIES TO ADULTS AND IS IN ADDITION TO MEDICATION ADMINISTERED. CHILDREN ONLY CHARGED IN THE CASE OF OPTIONAL INTERNATIONAL VACCINATIONS | \$15.00 | NO | | | | | | | | |

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

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| | | FEE | | | | | | | |
| <u>LABORATORY</u> | | | | | | | | | |
| 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 | \$0.00 |
| AMPLIFIED GC/GT ** | \$12.00 | YES | \$12.00 | \$9.96 | \$8.04 | \$6.00 | \$3.96 | \$2.04 | \$0.00 |
| QUEST HEMOGLOBIN A1C 496 | \$2.00 | YES | \$2.00 | \$1.66 | \$1.34 | \$1.00 | \$0.66 | \$0.34 | \$0.00 |
| QUEST HIV 1/2 ANTIGEN/ANTIBODY,FOURTH GENERATION W/RFL | \$6.80 | YES | \$6.80 | \$5.64 | \$4.56 | \$3.40 | \$2.24 | \$1.16 | \$0.00 |
| QUEST LIPID PANEL WITH LDL/HDL RATIO 7600 | \$1.75 | YES | \$1.75 | \$1.45 | \$1.17 | \$0.88 | \$0.58 | \$0.30 | \$0.00 |
| QUEST URIC ACID | \$0.88 | YES | \$0.88 | \$0.73 | \$0.59 | \$0.44 | \$0.29 | \$0.15 | \$0.00 |
| QUEST URINE CULTURE, ROUTINE 395 | \$3.00 | YES | \$3.00 | \$2.49 | \$2.01 | \$1.50 | \$0.99 | \$0.51 | \$0.00 |
| RPR/CONFIRMATORY** | \$2.00 | YES | \$2.00 | \$1.66 | \$1.34 | \$1.00 | \$0.66 | \$0.34 | \$0.00 |
| CBC WITH DIFFERENTIAL PLATLET | \$1.10 | YES | \$1.10 | \$0.91 | \$0.74 | \$0.55 | \$0.36 | \$0.19 | \$0.00 |
| COMPLETE METABOLIC PANEL 14 | \$1.51 | YES | \$1.51 | \$1.25 | \$1.01 | \$0.76 | \$0.50 | \$0.26 | \$0.00 |
| HEP C AB W/REFL HCV (QUEST) TEST 8472** | \$2.80 | YES | \$2.80 | \$2.32 | \$1.88 | \$1.40 | \$0.92 | \$0.48 | \$0.00 |
| HEPATITIS PANEL (QUEST) TEST ** | \$17.35 | YES | \$17.35 | \$14.40 | \$11.62 | \$8.68 | \$5.73 | \$2.95 | \$0.00 |
| HSV -SIMPLEX TYPE 1 AND HSV SIMPLEX TYPE 2** | \$5.00 | YES | \$5.00 | \$4.15 | \$3.35 | \$2.50 | \$1.65 | \$0.85 | \$0.00 |
| QUEST BASIC METABOLIC PANEL (8) 10165 | \$1.21 | YES | \$1.21 | \$1.00 | \$0.81 | \$0.61 | \$0.40 | \$0.21 | \$0.00 |
| QUEST HCG BETA, SUBUNIT,QNT | \$4.50 | YES | \$4.50 | \$3.74 | \$3.02 | \$2.25 | \$1.49 | \$0.77 | \$0.00 |
| QUEST HCG, BETA-SUBUNIT, QNT, SERUM | \$4.50 | YES | \$4.50 | \$3.74 | \$3.02 | \$2.25 | \$1.49 | \$0.77 | \$0.00 |
| <u>DENTAL SEALANT</u> | | | | | | | | | |
| ASSESSMENT OF A PATIENT | \$10.40 | YES | \$10.40 | \$8.63 | \$6.97 | \$5.20 | \$3.43 | \$1.77 | \$0.00 |
| DENTAL SEALANT PER TOOTH | \$19.32 | YES | \$19.32 | \$16.04 | \$12.94 | \$9.66 | \$6.38 | \$3.28 | \$0.00 |
| ORAL HYGIENE INSTRUCTION | \$8.92 | YES | \$8.92 | \$7.40 | \$5.98 | \$4.46 | \$2.94 | \$1.52 | \$0.00 |
| SCREENING OF A PATIENT | \$10.40 | YES | \$10.40 | \$8.63 | \$6.97 | \$5.20 | \$3.43 | \$1.77 | \$0.00 |
| SILVER DIAMINE FLOURIDE (D1355 CARIES PREVENTATIVE MEDICAMENT APPLICATION-PER TOOTH) | \$6.44 | YES | \$6.44 | \$5.35 | \$4.31 | \$3.22 | \$2.13 | \$1.09 | \$0.00 |
| TOPICAL FLUORIDE VARNISH | \$16.35 | YES | \$16.35 | \$13.57 | \$10.95 | \$8.18 | \$5.40 | \$2.78 | \$0.00 |

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|---|------------|-------------|------------|------------|------------|------------|----------|----------|--------|--|
| | | | | | | | | | | |
| <u>MEDICATIONS**</u> | | | | | | | | | | |
| DISPENSING FEE PER MEDICATION | \$4.00 | YES | \$4.00 | \$3.32 | \$2.68 | \$2.00 | \$1.32 | \$0.68 | \$0.00 | |
| ACYCLOVIR 400 MG TAB #30 PLUS ** | \$1.20 | YES | \$1.20 | \$1.00 | \$0.80 | \$0.60 | \$0.40 | \$0.20 | \$0.00 | |
| EPI-PEN-(TWO PACK) | \$24.60 | YES | \$24.60 | \$20.42 | \$16.48 | \$12.30 | \$8.12 | \$4.18 | \$0.00 | |
| FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS ** | \$0.90 | YES | \$0.90 | \$0.75 | \$0.60 | \$0.45 | \$0.30 | \$0.15 | \$0.00 | |
| FLUCONAZOLE | \$0.72 | YES | \$0.72 | \$0.60 | \$0.48 | \$0.36 | \$0.24 | \$0.12 | \$0.00 | |
| FOLIC ACID ** | \$1.13 | YES | \$1.13 | \$0.94 | \$0.76 | \$0.57 | \$0.37 | \$0.19 | \$0.00 | |
| METRONIDAZOLE 500MG (FLAGYL) 14 TABS** | \$0.81 | YES | \$0.81 | \$0.67 | \$0.54 | \$0.41 | \$0.27 | \$0.14 | \$0.00 | |
| METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)** | \$2.75 | YES | \$2.75 | \$2.28 | \$1.84 | \$1.38 | \$0.91 | \$0.47 | \$0.00 | |
| AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS ** | \$0.16 | YES | \$0.16 | \$0.13 | \$0.11 | \$0.08 | \$0.05 | \$0.03 | \$0.00 | |
| MICONOZOLE CREAM 2 PER - 45GM | \$3.48 | YES | \$3.48 | \$2.89 | \$2.33 | \$1.74 | \$1.15 | \$0.59 | \$0.00 | |
| NYSTATIN 100,000 U/GM CR 15GM PLUS ** | \$0.86 | YES | \$0.86 | \$0.71 | \$0.58 | \$0.43 | \$0.28 | \$0.15 | \$0.00 | |
| NYSTATIN AND TRIAMCINOLONE ACETONIDE CREAM | \$0.86 | YES | \$0.86 | \$0.71 | \$0.58 | \$0.43 | \$0.28 | \$0.15 | \$0.00 | |
| NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM | \$1.77 | YES | \$1.77 | \$1.47 | \$1.19 | \$0.89 | \$0.58 | \$0.30 | \$0.00 | |
| BICILLIN L-A ** | \$0.02 | YES | \$0.02 | \$0.02 | \$0.01 | \$0.01 | \$0.01 | \$0.00 | \$0.00 | |
| PRENATAL VITAMINS** | \$2.13 | YES | \$2.13 | \$1.77 | \$1.43 | \$1.07 | \$0.70 | \$0.36 | \$0.00 | |
| SYMTUZA 30 UNITS** | \$2,880.60 | YES | \$2,880.60 | \$2,390.90 | \$1,930.00 | \$1,440.30 | \$950.60 | \$489.70 | \$0.00 | |
| TERCONAZOLE CREAM 0.4% 45GM** | \$7.73 | YES | \$7.73 | \$6.42 | \$5.18 | \$3.87 | \$2.55 | \$1.31 | \$0.00 | |
| TIVICAY (DOLUTEGRAVIR) ** | \$912.45 | YES | \$912.45 | \$757.33 | \$611.34 | \$456.23 | \$301.11 | \$155.12 | \$0.00 | |
| TRIAMCINOLONE ACETONIDE 0.1 CREAM** | \$0.25 | YES | \$0.25 | \$0.21 | \$0.17 | \$0.13 | \$0.08 | \$0.04 | \$0.00 | |
| TRUVADA PLUS ** | \$565.20 | YES | \$565.20 | \$469.12 | \$378.68 | \$282.60 | \$186.52 | \$96.08 | \$0.00 | |
| BIKTARVY PLUS** | \$2,469.00 | YES | \$2,469.00 | \$2,049.27 | \$1,654.23 | \$1,234.50 | \$814.77 | \$419.73 | \$0.00 | |
| CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG** | \$0.38 | YES | \$0.38 | \$0.32 | \$0.25 | \$0.19 | \$0.13 | \$0.06 | \$0.00 | |
| CEFTRIAZONE SODIUM (ROCEPHIN)250 MG ** | \$0.48 | YES | \$0.48 | \$0.40 | \$0.32 | \$0.24 | \$0.16 | \$0.08 | \$0.00 | |
| CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG ** | \$0.58 | YES | \$0.58 | \$0.48 | \$0.39 | \$0.29 | \$0.19 | \$0.10 | \$0.00 | |

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| DESCOVY 200 MG-25MG | \$876.60 | YES | \$876.60 | \$727.58 | \$587.32 | \$438.30 | \$289.28 | \$149.02 | \$0.00 |
| DOXYCYCLINE HYCLATE 100 MG 2 CAPS ** | \$0.03 | yes | \$0.03 | \$0.02 | \$0.02 | \$0.02 | \$0.01 | \$0.01 | \$0.00 |
| DOXYCYCLINE HYCLATE 100 MG 14 CAPS ** | \$0.18 | YES | \$0.18 | \$0.15 | \$0.12 | \$0.09 | \$0.06 | \$0.03 | \$0.00 |
| EPI-PEN JR (TWO PACK) | \$23.74 | YES | \$23.74 | \$19.70 | \$15.91 | \$11.87 | \$7.83 | \$4.04 | \$0.00 |

VITAL STATISTICS

| | | |
|---|---------|----|
| CERTIFIED BIRTH CERTIFICATE -FLORIDA BIRTHS 1930 TO PRESENT | \$17.00 | NO |
| CERTIFIED DEATH CERTIFICATE | \$15.00 | NO |
| PLASTIC DOCUMENT PROTECTIVE COVER | \$5.00 | NO |

NUTRITION AND BREASTFEEDING

| | | |
|---|---------|----|
| BREASTFEEDING COUNSELING, INITIAL | \$60.00 | NO |
| BREASTFEEDING COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT) | \$32.50 | NO |
| BREASTFEEDING COUNSELING, FOLLOW-UP | \$30.00 | 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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| | | | | | | | | | |
| <u>VACCINATIONS</u> | | | | | | | | | |
| INJECTION FEE - | \$15.00 | YES | \$15.00 | \$12.45 | \$10.05 | \$7.50 | \$4.95 | \$2.55 | \$0.00 |
| INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN ** | \$65.00 | NO | | | | | | | |
| IPV POLIO (ADULT) PER DOSE** | \$39.09 | NO | | | | | | | |
| MENINGOCOCCAL B (BEXSERO) PER DOSE ** | \$181.32 | NO | | | | | | | |
| MENINGOCOCCAL B (MENQUADFI) (PER DOSE)** | \$152.90 | NO | | | | | | | |
| MMR-COLLEGE STUDENT (19 YEARS AND OLDER) PER DOSE** | \$84.85 | NO | | | | | | | |
| PNEMOCOCCAL (PCV15)** | \$203.76 | NO | | | | | | | |
| PNEUMOCOCCAL (PPSV23) PER DOSE** | \$107.16 | NO | | | | | | | |
| PNEUMOCOCCAL (PPSV23-CORRECT TO PREVNAR -20) ** | \$229.92 | NO | | | | | | | |
| RABIES VACCINE)-PLUS ADMINISTRATION FEES (PER DOSE MAX SIX PER TREATMENT)** | \$322.02 | NO | | | | | | | |
| TDAP (ADULT)*ADACEL-(PER DOSE)** | \$43.97 | NO | | | | | | | |
| TDAP (ADULT)*BOOSTRIX-(PER DOSE)** | \$38.14 | NO | | | | | | | |
| HEPATITIS A VACCINE** | \$65.60 | NO | | | | | | | |
| TYPHOID (INTRAMUSCULAR) (ADULT)** SYRN (1) | \$127.77 | NO | | | | | | | |
| TYPHOID (ORAL) - (ADULT)** | \$82.99 | NO | | | | | | | |
| VARICELLA (CHICKENPOX) (ADULT)** | \$159.62 | NO | | | | | | | |
| VARICELLA- SHINGRIX-ADULT-** | \$180.95 | NO | | | | | | | |
| HEPATITIS A/ HEPATITIS B (TWINRIX) PER DOSE ** | \$100.34 | NO | | | | | | | |
| HEPATITIS B VACCINE - ENGERIX PER DOSE ** | \$45.54 | NO | | | | | | | |
| HEPATITIS B VACCINE HEPLISLAV (PER DOSE)** | \$119.66 | NO | | | | | | | |
| HEPATITIS B VACCINE PREHEVBRIO (PER DOSE)** | \$33.80 | NO | | | | | | | |
| HIB** | \$11.89 | NO | | | | | | | |
| HPV(GARDASIL)** | \$263.24 | NO | | | | | | | |

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| INFLUENZA VACCINE PLUS ADDITIONAL INJECTION FEE (ADMINISTRATION)** | \$17.67 | YES | \$17.67 | \$14.67 | \$11.84 | \$8.84 | \$5.83 | \$3.00 | \$0.00 | |
| <u>OTHER SERVICES</u> | | | | | | | | | | |
| PLAN UPDATE OR REVISION (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN) | \$100.00 | NO | | | | | | | | |
| TB GOLD TESTING (QUANTIFERON) EMPLOYMENT/SCHOOL** | \$25.00 | NO | | | | | | | | |
| TB SKIN TEST (EMPLOYMENT)** | \$25.00 | NO | | | | | | | | |
| COPIES - PER PAGE (WAIVED IF CHARGE IS LESS THAN \$5.00) | \$0.15 | NO | | | | | | | | |
| EDUCATION SESSIONS-PER GROUP - PER SESSION | \$300.00 | NO | | | | | | | | |
| NONSUFFICIENT FEES (NSF) CHARGE PLUS PERCENT OF FACE VALUE AND FEES IF APPROPRIATE | \$25.00 | NO | | | | | | | | |
| EDUCATION SESSIONS-PER PARTICIPANT - PER SESSION | \$30.00 | 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 | \$0.00 | |
| FORM COMPLETION (ONE TO TWO PAGES) | \$25.00 | NO | | | | | | | | |
| SOCIAL SERVICES EDUCATION AND COUNSELING | \$55.00 | NO | | | | | | | | |
| FORM- DH 680** | \$10.00 | NO | | | | | | | | |
| FORM- COLLEGE** | \$25.00 | NO | | | | | | | | |

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