

**MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2023/2024**

DESCRIPTION	FULL FEE	SLIDING	0%	17%	33%	50%	67%	83%	100%
		FEE							
<b><u>MEDICATIONS**</u></b>									
RECLIPSON PER PKG **	\$1.53	YES		\$0.26	\$0.50	\$0.77	\$1.03	\$1.27	\$1.53
<b><u>FAMILY PLANNING</u></b>									
FAMILY PLANNING ANNUAL EXAM	\$163.27	YES	0	\$27.76	\$53.88	\$81.64	\$109.39	\$135.51	\$163.27
FAMILY PLANNING COUNSELING	\$163.27	YES	0	\$27.76	\$53.88	\$81.64	\$109.39	\$135.51	\$163.27
FAMILY PLANNING SUPPLY VISIT	\$163.27	YES	0	\$27.76	\$53.88	\$81.64	\$109.39	\$135.51	\$163.27
IUD INSERTION (PLUS COST OF DEVICE)	\$163.27	YES	0	\$27.76	\$53.88	\$81.64	\$109.39	\$135.51	\$163.27
IUD REMOVAL	\$163.27	YES	0	\$27.76	\$53.88	\$81.64	\$109.39	\$135.51	\$163.27
TUBAL LIGATION - PATIENTSHARE MUST BE PAID PRIOR TO PROCEDURE	\$2,000.00	YES	0	\$340.00	\$660.00	\$1,000.00	\$1,340.00	\$1,660.00	\$2,000.00
VASECTOMY (VISIT PLUS CONTRACTED PROCEDURE)- PATIENT SHARE MUST BE PAID PRIOR TO PROCEDURE	\$500.00	YES	0	\$85.00	\$165.00	\$250.00	\$335.00	\$415.00	\$500.00
<b><u>PUBLIC HEALTH MEDICINE</u></b>									
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	\$15.00	YES	0	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00
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

\* 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.

**MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2022/2023**

DESCRIPTION	FULL FEE	SLIDING	0%	17%	33%	50%	67%	83%	100%	
		FEE								
<b><u>MEDICATIONS**</u></b>										
ACYCLOVIR 400 MG TAB #30 PLUS **	\$1.18	YES	0	\$0.20	\$0.39	\$0.59	\$0.79	\$1.18	\$1.18	
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$1.19	YES	0	\$0.20	\$0.39	\$0.60	\$0.80	\$0.99	\$1.19	
BICILLIN L-A INJECTION COST PER 1.2 UNIT (2) PLUS ONE**	\$0.02	YES	0	\$0.00	\$0.01	\$0.01	\$0.01	\$0.02	\$0.97	
CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG**	\$0.44	YES	0	\$0.07	\$0.15	\$0.22	\$0.29	\$0.37	\$0.44	
CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG **	\$0.57	YES	0	\$0.10	\$0.19	\$0.29	\$0.38	\$0.47	\$0.57	
CEFTRIAZONE SODIUM (ROCEPHIN)250 MG **	\$0.04	YES	0	\$0.01	\$0.01	\$0.02	\$0.03	\$0.03	\$0.04	
CRYSELLE **	\$4.34	YES	0	\$0.74	\$1.43	\$2.17	\$2.91	\$3.60	\$4.34	
DEPO PROVERA PLUS ** (BRAND)SEE ALSO (MEDROXYPROGESTERONE)	\$24.26	YES	0	\$4.12	\$8.01	\$12.13	\$16.25	\$20.14	\$24.26	
DISPENSING FEE	\$4.00	YES	0	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00	
DOXYCYCLINE HYCLATE 100 MG 14 CAPS **	\$0.23	YES	0	\$0.04	\$0.08	\$0.12	\$0.15	\$0.19	\$0.23	
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.92	YES	0	\$0.16	\$0.30	\$0.46	\$0.62	\$0.76	\$0.90	
FLUCONAZOLE 150 MG 1 PILL PLUS**	\$1.75	YES	0	\$0.30	\$0.58	\$0.88	\$1.17	\$1.45	\$1.75	
FOLIC ACID **	\$1.35	YES	0	\$0.23	\$0.45	\$0.68	\$0.90	\$1.12	\$1.35	
LESSINA PER PKG PLUS ONE DF **	\$2.50	YES	0	\$0.43	\$0.83	\$0.83	\$1.68	\$2.08	\$2.85	
LILETTA (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$91.53	YES	0	\$15.56	\$30.20	\$45.77	\$61.33	\$75.97	\$91.53	
MEDROXYPROGESTERONE PLUS ** (GENERIC DEPO-PROVERA)	\$0.04	YES	0	\$0.01	\$0.01	\$0.02	\$0.03	\$0.03	\$0.04	
METRONIDAZOLE 500MG (FLAGYL) 14 TABS**	\$0.42	YES	0	\$0.07	\$0.14	\$0.21	\$0.28	\$0.35	\$1.50	
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)**	\$7.23	YES	0	\$1.23	\$2.39	\$3.62	\$4.84	\$6.00	\$1.00	
MICONOZOLE NITRATE CRM 2% 45GM PLUS **	\$5.00	YES	0	\$0.85	\$1.65	\$2.50	\$3.35	\$4.15	\$1.00	
NEXPLANON (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$418.50	YES	0	\$71.15	\$138.11	\$209.25	\$280.40	\$347.36	\$418.50	
NORETHINDRONE**	\$1.92	YES	0	\$0.33	\$0.63	\$0.96	\$1.29	\$1.59	\$1.92	
NORTREL 1/35 **	\$2.32	YES	0	\$0.39	\$0.77	\$1.16	\$1.55	\$1.93	\$2.32	
NORTREL 777 PER PKG PLUS ONE **	\$15.71	YES	0	\$2.67	\$5.18	\$7.86	\$10.53	\$13.04	\$15.71	
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.94	YES	0	\$0.16	\$0.31	\$0.47	\$0.63	\$0.78	\$0.94	

*\* 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.*

**MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2022/2023**

DESCRIPTION	FULL FEE	SLIDING	0%	17%	33%	50%	67%	83%	100%	
		FEE								
<b><u>MEDICATIONS**</u></b>										
NYSTATIN/TRIAMCINOLONE ACETONIDE 1 GM 0.1% CR (IN STOCK) 15GM**	\$13.63	YES	0	\$2.32	\$4.50	\$6.82	\$9.13	\$11.31	\$13.63	
PARAGARD ( SUPPLY ONLY) CHARGE - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$289.00	YES	0	\$49.13	\$95.37	\$144.50	\$193.63	\$239.87	\$289.00	
PLAN B **	\$29.75	YES	0	\$5.06	\$9.82	\$14.88	\$19.93	\$24.69	\$29.75	
PRENATAL VITAMINS PLUS **	\$0.64	YES	0	\$0.11	\$0.21	\$0.32	\$0.43	\$0.53	\$0.64	
TERCONAZOLE CREAM 0.4% 45GM**	\$6.01	YES	0	\$1.02	\$1.98	\$3.01	\$4.03	\$4.99	\$6.01	
TRIAMCINOLONE ACETONIDE 0.1% CREAM PLUS ** 15 UNITS **	\$0.25	YES	0	\$0.04	\$0.08	\$0.13	\$0.17	\$0.21	\$0.25	
TRI-LO-SPRINTEC PER PKG (NORGESTIMATE ETHINYL ESTRADIOL )**	\$4.14	YES	0	\$0.70	\$1.37	\$2.07	\$2.77	\$3.44	\$4.14	
TRI-SPRINTEC PER PKG **	\$1.38	YES	0	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	
VAGINAL RING (NUVARING) 3 UNITS PLUS ONE **	\$0.01	YES	0	\$0.00	\$0.00	\$0.01	\$0.01	\$0.01	\$0.01	

*\* 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.*