

MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2023/2024

DESCRIPTION	FULL FEE	SLIDING	100%	83%	67%	50%	33%	17%	0%
		FEE							
<u>PUBLIC HEALTH MEDICINE</u>									
ALL OFFICE VISITS	\$163.27	YES	\$163.27	\$135.51	\$109.39	\$81.64	\$53.88	\$27.76	\$0.00
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
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	\$0.00
SOCIAL SERVICES EDUCATION AND COUNSELING	\$51.00	NO							

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

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<u>COMMUNICABLE DISEASE</u>									
AMPLIFIED GC/GT **	\$14.64	NO							
BIKTARVY PLUS**	\$2,402.02	YES	\$2,402.02	\$1,993.68	\$1,609.35	\$1,201.01	\$792.67	\$408.34	\$0.00
DESCOVY 200 MG-25MG 30**	\$849.33	YES	\$849.33	\$704.94	\$569.05	\$424.67	\$280.28	\$144.39	\$0.00
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	\$0.00
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**	\$2,786.67	YES	\$2,786.67	\$2,312.94	\$1,867.07	\$1,393.34	\$919.60	\$473.73	\$0.00
TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO							
TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCOL	\$163.27	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) **	\$912.45	YES	\$912.45	\$757.33	\$611.34	\$456.23	\$301.11	\$155.12	\$0.00
TRUVADA PLUS **	\$534.65	YES	\$534.65	\$443.76	\$358.22	\$267.33	\$176.43	\$90.89	\$0.00

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<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>										
ACYCLOVIR 400 MG TAB #30 PLUS **	\$1.18	YES	\$1.18	\$0.98	\$0.79	\$0.59	\$0.39	\$0.20	\$0.00	
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$1.19	YES	\$1.19	\$0.99	\$0.80	\$0.60	\$0.39	\$0.20	\$0.00	
BICILLIN L-A INJECTION COST PER 1.2 UNIT (2) PLUS ONE**	\$0.02	YES	\$0.02	\$0.02	\$0.01	\$0.01	\$0.01	\$0.00	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG**	\$0.44	YES	\$0.44	\$0.37	\$0.29	\$0.22	\$0.15	\$0.07	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG **	\$0.57	YES	\$0.57	\$0.47	\$0.38	\$0.29	\$0.19	\$0.10	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN)250 MG **	\$0.04	YES	\$0.04	\$0.03	\$0.03	\$0.02	\$0.01	\$0.01	\$0.00	
DISPENSING FEE	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	\$0.00	
DOXYCYCLINE HYCLATE 100 MG 14 CAPS **	\$0.23	YES	\$0.23	\$0.19	\$0.15	\$0.12	\$0.08	\$0.04	\$0.00	
EPI-PEN JR**	\$278.52	YES	\$278.52	\$231.17	\$186.61	\$139.26	\$91.91	\$47.35	\$0.00	
EPI-PEN-**	\$278.52	YES	\$278.52	\$231.17	\$186.61	\$139.26	\$91.91	\$47.35	\$0.00	
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.92	YES	\$0.92	\$0.76	\$0.62	\$0.46	\$0.30	\$0.16	\$0.00	
FLUCONAZOLE 150 MG 1 PILL PLUS**	\$1.75	YES	\$1.75	\$1.45	\$1.17	\$0.88	\$0.58	\$0.30	\$0.00	
FOLIC ACID **	\$1.35	YES	\$1.35	\$1.12	\$1.17	\$0.68	\$0.45	\$0.23	\$0.00	
METRONIDAZOLE 500MG (FLAGYL) 14 TABS**	\$0.42	YES	\$0.42	\$0.35	\$0.28	\$0.21	\$0.14	\$0.07	\$0.00	
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)**	\$7.23	YES	\$7.23	\$6.00	\$4.84	\$3.62	\$2.39	\$1.23	\$0.00	
MICONOZOLE NITRATE CRM 2% 45GM PLUS **	\$5.00	YES	\$5.00	\$4.15	\$3.35	\$2.50	\$1.65	\$0.85	\$0.00	
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.94	YES	\$0.94	\$0.78	\$0.63	\$0.47	\$0.31	\$0.16	\$0.00	
NYSTATIN/TRIAMCINOLONE ACETONIDE 1 GM 0.1% CR (IN STOCK) 15GM**	\$13.63	YES	\$13.63	\$11.31	\$9.13	\$6.82	\$4.50	\$2.32	\$0.00	
PRENATAL VITAMINS PLUS **	\$0.64	YES	\$0.64	\$0.53	\$0.43	\$0.32	\$0.21	\$0.11	\$0.00	
TERCONAZOLE CREAM 0.4% 45GM**	\$6.01	YES	\$6.01	\$4.99	\$4.03	\$3.01	\$1.98	\$1.02	\$0.00	
TRIAMCINOLONE ACETONIDE 0.1% CREAM PLUS ** 15 UNITS **	\$0.25	YES	\$0.25	\$0.21	\$0.17	\$0.13	\$0.08	\$0.04	\$0.00	

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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(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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<u>VACCINATIONS</u>									
HEPATITIS A (PER DOSE - 2 REQUIRED)**	\$16.89	NO							
HEPATITIS A/ HEPATITIS B PER DOSE**	\$90.57	NO							
HEPATITIS B VACCINE PER DOSE)**	\$43.81	NO							
HIB**	\$14.85	NO							
HPV(GARDASIL)**	\$246.07	NO							
INFLUENZA VACCINE PLUS ADDITIONAL INJECTION FEE (ADMINISTRATION)**	\$22.14	YES	\$22.14	\$18.38	\$14.83	\$11.07	\$7.31	\$3.76	\$0.00
INJECTION FEE	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00
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	\$15.00	NO							
INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN	\$65.00	NO							
IPV POLIO (ADULT)**	\$56.20	NO							
MEASLES, MUMPS, AND RUBELLA (MMR) **	\$82.44	NO							
MENINGOCOCCAL B (BEXSERO)**	\$171.26	NO							
PNEMOCOCCAL (PCV13) **	\$237.41	NO							
PNEUMOCOCCAL (PPSV23)**	\$204.03	NO							
RABIES VACCINE(IMOVAX)(90675) PLUS ADMINISTRATION FEES (PER DOSE MAX SIX PER TREATMENT)***	\$368.12	NO							
TD (ADULT)**	\$21.09	NO							
TDAP (ADULT)**	\$46.96	NO							
TYPHOID (INTRAMUSCULAR) (ADULT)**	\$110.30	NO							
VARICELLA (CHICKENPOX0 (ADULT)**	\$142.24	NO							

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OTHER SERVICES

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- COLLEGE	\$25.00	NO							
FORM COMPLETION (ONE TO TWO PAGES)	\$25.00	NO							
FORM- DH 680	\$10.00	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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