

Upon motion of Commissioner Moody, with second by Commissioner Devane, and by unanimous vote, the Board adopted the following Resolution:

RESOLUTION

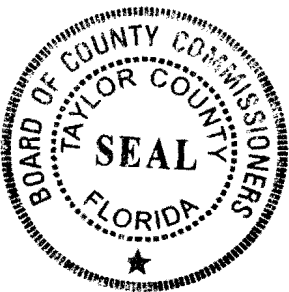
WHEREAS, the Taylor County Board of County Commissioners are required, pursuant to Chapter 154.06(1) F.S., to establish fees for primary care services offered by the Taylor County Health Department, and

WHEREAS, this Schedule of Fees has been presented and reviewed by the Taylor County Board of County Commissioners.

NOW, THEREFORE BE IT RESOLVED, that the Taylor County Board of County Commissioners do hereby confirm and adopt the 2013-2014 Fee Schedule, attached hereto, for the Taylor County Health Department. Said fee schedule shall be effective October 1, 2013 and in force and effect until changed by Resolution of the Taylor County Board of County Commissioners.

DONE AND ORDERED in Regular Session at Perry, Florida, this 17<sup>th</sup>. day of September, 2013.

BOARD OF COUNTY COMMISSIONERS  
TAYLOR COUNTY, FLORIDA



BY: [Signature]

PAM FEAGLE, Chairman

ATTEST:  
[Signature]

ANNIE MAE MURPHY, Clerk

**2013-2014 FEE SCHEDULE  
TAYLOR COUNTY HEALTH DEPARTMENT**

DESCRIPTION	AMOUNT
Chest X-Ray (non-Tuberculosis related)	\$75.00
Tuberculosis Skin Test	\$20.00
Colposcopy	\$100.00
Women's Health Screening (In conjunction with Doctors' Memorial)	\$75.00
Men's Health Screening	\$30.00

Car Seat Ticket Class	\$10.00
Parenting Classes (Non-Healthy Start Clients)	Maximum \$50 Per Person
Smoking Cessation Classes	Maximum \$50 Per Person
General Health Education Classes (Materials + Per Person Fee)	Maximum \$50 Per Person
Domestic Violence Education Classes	Maximum \$50 Per Person
Healthy Workplace Education Classes	Maximum \$50 Per Person
Health Education Classes	Maximum \$50 Per Person
Other Classes Developed Based on Individual Requests and/or Needs	Maximum \$50 Per Person
Implanon or Other IUD Rod Removal/Insertion	Current CBR*
Copy of Medical Records for Entities as Described in FAC64B8-10.003	\$1.00 for 1st 25 pages; additional pages \$0.25 each
Patient Copy of Medical Records	\$0.25 Per Page

DESCRIPTION	NEW PATIENT	ESTABLISHED PATIENT
Established Brief/ Limited Office Visit	\$21.00	\$21.00
New Problem/Established Problem Visit	\$73.00	\$42.50
New-Expanded Problem/Established Expanded Problem Visit	Current CBR*	\$80.00
New-Detailed Problem/Established Detailed Problem Visit	Current CBR*	\$104.50
Family Planning-Initial/Annual Exam;	Current CBR*	Current CBR*
Family Planning Problem Focused	N/A	\$38.00
Family Planning Supply Visit	\$21.00	\$21.00
Family Planning Counseling Visit	Current CBR*	Current CBR*
Child & Adult Physical Exam	Current CBR*	Current CBR*
Laboratory Tests	Cost + \$20 admin fee	Cost + \$20 admin fee
Adult Work Physicals	\$36.00	\$36.00
Athletic Physicals/School Physicals	\$36.00	\$36.00

All childhood immunizations ages 0-18	No Charge
Hepatitis A Vaccine (per injection) - Adult	\$97.00
Hepatitis B Vaccine (per injection)- Adult	\$89.00
Influenza High Dose for Population 65 Years of Age or Older (Flu shot)	\$50.00
Influenza Low Dose for Population under 65 Years of Age (Flu shot)	\$30.00
MMR vaccine - Adult	\$79.00
Pneumonia vaccine	\$86.00
Rabies Vaccine	Cost + \$20.00 Admin
TDAP	\$49.00
Tetanus/TD - Adult	\$39.00
HPV	\$163.00
Other client requested vaccines	Cost + \$20.00 Admin

DESCRIPTION	AMOUNT	Proposed Change
Certified copy of death certificates, each	\$10.00	\$12.00
Certified copy of birth certificates, first copy	\$12.50	
Each additional copy	\$8.00	

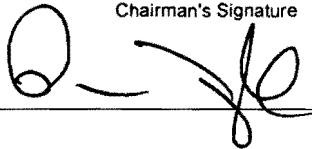
These fees are in addition to State Environmental Health Fees	
Water samples (collected and delivered to TCHD)	\$30.00
Water samples (collected by TCHD staff) 1st sample	\$60.00
Water samples (collected by TCHD staff) 2nd sample at same time	\$74.00
Lab fee for testing low risk animals- Rabies	\$150.00
Surcharge fee for site evaluation for septic tank	\$20.00
Surcharge fee for septic tank application	\$10.00
City Residents: Per City of Perry utility inspection	\$50.00

All other Environmental Health fees are mandated by the State of Florida and cannot be revised by this office.

\*Current CBR- Current Medicaid Cost Based Reimbursement Rate

Increased to meet the Centers for Medicare & Medicaid Services Allowable Reimbursement Rate

Chairman's Signature



Approved: \_\_\_\_\_

Date: 9/17/13

**2012-2013 DENTAL FEE SCHEDULE TAYLOR COUNTY HEALTH DEPARTMENT**

DENTAL SERVICES & PROCEDURES	CPT/DCD CODE	CURRENT FEE	
		100% Pay	50% Pay
Periodic Exam	D0120	\$30.00	\$15.00
Limited/Emergency Exam	D0140	\$50.00	\$25.00
Oral Evaluation (under age 3)	D0145	\$30.00	\$15.00
Comprehensive Exam	D0150	\$30.00	\$15.00
Full Mouth X-ray	D0210	\$60.00	\$30.00
Periapical, first film	D0220	\$16.00	\$8.00
Periapical, additional films	D0230	\$10.00	\$5.00
Bitewing, single film	D0270	\$16.00	\$8.00
Bitewing, two films	D0272	\$30.00	\$15.00
Bitewing, four films	D0274	\$40.00	\$20.00
Adult Prophyl	D1110	\$70.00	\$35.00
Child Prophyl	D1120	\$60.00	\$30.00
Fluoride (child)	D1203	\$20.00	\$10.00
Fluoride (mod. to high cares)	D1206	\$20.00	\$10.00
Oral hygiene instruction	D1330	\$10.00	\$5.00
Sealant, per tooth	D1351	\$20.00	\$10.00
Scaling & root planing per quad	D4341	\$90.00	\$45.00
Scaling & root planing, 1-3 quad	D4342	\$60.00	\$30.00
Gross debridement	D4355	\$70.00	\$35.00
Amalgam 1-surf prim or perm	D2140	\$70.00	\$35.00
Amalgam 2-surf prim or perm	D2150	\$80.00	\$40.00
Amalgam 3-surf prim or perm	D2160	\$90.00	\$45.00
Amalgam 4-surf prim or perm	D2161	\$100.00	\$50.00
Resin 1-surf anterior	D2330	\$80.00	\$40.00
Resin 2-surf anterior	D2331	\$90.00	\$45.00
Resin 3-surf anterior	D2332	\$100.00	\$50.00
Resin 4-surf anterior	D2335	\$110.00	\$55.00
Resin 1-surf posterior	D2391	\$80.00	\$40.00
Resin 2-surf posterior	D2392	\$90.00	\$45.00
Resin 3-surf posterior	D2393	\$100.00	\$50.00
Stainless steel crown	D2930	\$140.00	\$70.00
Sedative filling	D2940	\$60.00	\$30.00
Extraction, deciduous	D7111	\$50.00	\$25.00
Extraction	D7140	\$70.00	\$35.00
Surgical extraction	D7210	\$150.00	\$75.00
Incision and drainage	D7510	\$70.00	\$35.00