

FOR INFORMATION - DO NOT SCAN

*SKAGIT COUNTY PUBLIC HEALTH DEPARTMENT
PROPOSED CHANGES TO SCHEDULE OF CHARGES
RESOLUTION R20090136, DATED 3/18/2009*

ENVIRONMENTAL HEALTH DIVISION

FOOD SERVICE ESTABLISHMENTS

School cafeteria permit	\$180 \$200
Satellite or Seasonal school cafeteria permit	\$100
Small food establishment permit (0- 75 seats)	\$180
Category 1 (RTE - no cooking, assembly or produce washing)	\$150
Category 2 (cooking, hot holding, simple assembly)	\$180
Category 3 (complex prep)	\$250
Large food establishment permit (76 - 150 seats)	\$250 \$300
Extra-large food establishment permit (151+ seats)	\$350
Bakery	\$120
Bed & breakfast permit	\$75
Candy Kitchen	\$120
Canteen Truck	\$120 \$150
Catering permit (requires approved commissary)	\$200
Commissary kitchen permit	\$50
Convenience Store	\$120
Cocktail lounge permit (only with another SCHD food permit)	\$50
Espresso Operation	\$120
Food Cart	\$120 \$150
Limited Food - Other (ice cream stores, hotel breakfast buffets, other limited risk category)	\$120
Meat or Seafood Market	\$120 \$150
Multiple Event Permit	\$120 \$150
Packaged food permit	\$75
Supermarket permit (4 or more cash registers).	\$175
Tavern	\$120
Reduced Oxygen packaging facility permit (unlimited operation)	\$280
Reduced Oxygen packaging facility permit (repackaging USDA approved products only)	\$150
Mobile food service permit (requires approved commissary)	\$200
Pro-rated permit fees for managers adding new licenses are calculated by multiplying the fee to be added by the quarters of the year remaining until expiration of the initial permit	Pro-rated fee
Food establishment permit for managers opening prior to obtaining a permit	Twice permit fee

TEMPORARY AND SEASONAL FOOD ESTABLISHMENTS

Temporary food service requiring plan review only (limited to list of specific foods)	\$35
Temporary food service serving high risk foods	\$100
Temporary food service moving location within one event (each additional location)	Half permit fee
Extended Temporary Food Service Permit (low risk)	\$100
Extended Temporary Food Service Permit (high risk)	\$150
Food Sampler/Demonstrator	\$25 \$30
Single, Coordinated Temporary Event with one person-in-charge for up to 6 participants Coordinator Fee (Umbrella Permit)	\$150
Late fee - application submitted 14 or more days before event	No charge
application submitted 3-13 days before event	\$25
application submitted 1-2 days before event	\$50
Temporary food permit for operators obtaining permit the same day as starting food service or operating without permit	Twice ermit fee

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FOOD & BEVERAGE WORKER PERMITS

Food & beverage workers permit	\$10
Food & beverage workers manual (recovers SCHO cost of manual).	\$4
Food & beverage workers permit (copy provided after initial issuance)	\$5
Food & beverage test packet returned late (assessed per day)	\$10

FOOD ESTABLISHMENT REINSPECTION

1st reinspection within 12 months	\$150
2nd reinspection within 12 months	\$250
3rd reinspection within 12 months	\$300
Reinspection following suspension of permit (usually occurs the following day) or more than third reinspection in a calendar year	\$500

TEMPORARY FOOD REINSPECTION FEES

1st reinspection	Equals permit fee
2 nd reinspection	Twice permit fee

SWIMMING POOL & SPA

Open entire year (single pool or spa) permit	\$350
Open entire year (each additional pool or spa) permit	\$170
Open entire year (maximum fee for 4 or more pools/spa) permit	\$600
Seasonal (6 or fewer consecutive months)(single pool/spa) permit	\$170
Seasonal (each additional pool or spa) permit	\$100
Bed and breakfast pool or spa permit	\$75 \$100
Pool or spa reinspection (major violation)	\$100 \$200
Pool or spa reinspection (after a permit suspension)	\$200 \$300
Spray Pools (non-recirculating annual permit)	\$100

LIQUID WASTE PROGRAM FEES

Additional fee for licensee with on-site sewage system	\$50
Additional fee if OSS evaluation not complete within 30 days of permit expiration (may be assessed more than once at 30 day intervals)	\$50
Liquid Waste Pumper Certification	\$150
Operations & Maintenance Specialist Certification	\$150
Dye-testing by Health Department Staff (subject to Health Officer Determination)	\$500

LIVING ENVIRONMENT

Campground permit	\$75 \$50
Mobile home park permit	\$50
Day or youth camp permit	\$150
Reinspection fee	\$100

WATER PROGRAM FEES

Well site inspection (public system) first 5 hours	\$300
Additional hours	Hourly Rate
Group A water system sanitary survey	\$750
Group A water system evaluation (building permit)	\$100
Group A water system evaluation (land division or project) first 5 hours	\$300
Additional hours	Hourly Rate

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Environmental Health review of Water System Plan per CWSP	\$150
Group B water system plan review full approval	\$450
Group B water system evaluation - Building Permit	\$250
Group B water system evaluation - Land Division first 5 hours	\$300
Additional hours	Hourly Rate
Group B provisional determination	\$250
Group B provisional upgraded to approved	\$400
<u>Group B annual operating permit</u>	<u>\$100</u>
<u>Individual well site review</u>	
<u>Paperwork review only</u>	<u>\$150</u>
<u>Review with field visit</u>	<u>\$250</u>
Individual water supply evaluation (alternative system) first 5 hours	\$300
Additional hours	Hourly Rate
Additional fee for licensee with an on-site water supply (approved system)	\$50
Additional fee for licensee with an on-site water supply (non-approved system)	\$100
Additional fee for water quality sampling not complete within 30 days of permit expiration date (may be assessed <u>every 30 days more than once at 30 day intervals</u>)	\$50
<i>SOLID & HAZARDOUS WASTE PROGRAM</i>	
Tonnage Fee on mixed municipal solid waste generated in Skagit County & deposited at public or private solid waste disposal facility such as transfer station, material recovery facility, incinerator and /or landfill (per ton charge billed quarterly)	\$1.00
Fee on yardage deposited at private disposal site (<u>only if no scale</u>) (per yard charge billed quarterly)	\$0.40 <u>0.40</u>
Inert Landfill annual permit	\$800 <u>\$1000</u>
Limited Purpose Landfill annual permit	\$2,000 <u>\$3000</u>
Municipal Waste Landfill annual permit	\$4,000
Incinerator annual permit	\$3,000
<u>Post closure municipal solid waste landfill annual permit (per WAC 173-304)</u>	<u>\$500</u>
Moderate risk waste fixed facility annual permit (when located with another permitted solid waste facility)	\$400
Moderate risk waste fixed facility annual permit	\$800
Compaction site annual permit	\$350
Drop box facility annual permit	\$350
Transfer station annual permit	\$1,500
Type 1 and Type 2 Composting site annual permit (small volume operation - less than 8000 <u>5,000</u> cubic yards of compost and feedstock stored on site and removed from site per year)	\$250
Type 1 and Type 2 Composting site annual permit (large volume operation - greater than 8000 <u>5,000</u> cubic yards of compost and feedstock stored on site and removed from site per year)	\$350 <u>\$400</u>
Type 3 Composting site annual permit	\$450 <u>\$500</u>
Type 4 Composting site annual permit	\$1,500
<u>Land application site annual permit (less than 4,000 cubic yards of materials and restricted to type 1 and 2 feedstocks)</u>	<u>\$250</u>
<u>Land application site annual permit (greater than 4,000 cubic yards of materials and/or including type 3 feedstocks)</u>	<u>\$700</u>
<u>Land application site annual permit (including 4 feedstocks)</u>	<u>\$1,500</u>
<u>Nonputrescible piles - contaminated soils and dredge material treatment site annual permit</u>	
Greater than 1 year	\$700
One time event permit, less than 1-year <u>12 month period</u>	\$250 <u>\$300</u>
<u>Vector waste decant and street sweepings handling site annual permit</u>	<u>\$350</u>
<u>Solid waste piles storage or treatment (putrescible and municipal solid wastes) annual permit</u>	<u>\$1,500</u>
Waste tire storage annual permit	\$700
Septage handling and treatment site annual permit	\$700
Conditional solid waste permit per WAC 173-350 and SCC 12.16	\$750
<u>Solid waste piles storage or treatment annual permit</u>	<u>\$1,500</u>

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Other solid waste annual permit not covered above	\$700
Solid waste facility reinspection fee (1 st in 12 month period)	\$150
Solid waste facility reinspection fee (2 nd in 12 month period)	\$250
Solid waste facility reinspection fee (3 rd and subsequent in 12 month period)	\$500
Junk Vehicle affidavit	\$35 per affidavit
Solid waste permit deferral from WAC 173-350	\$350
Pre-application fee for privately sponsored solid waste handling facilities such as transfer station, compost, land application, and contaminated soils treatment for 20 hours.	\$1,000
Additional hours after 20 to a maximum of \$5,000 (unused portion refunded when Project is complete or abandoned.)	Hourly Fee
Site clean-up ordered by Health Officer	Cost of clean up
<i>PLAN REVIEW, PRE-DEVELOPMENT, PRE-APPLICATION</i>	
FOOD ESTABLISHMENT (INCLUDES ONE PRE-OPENING INSPECTION)	
Simple menu new construction or remodel (Category I facility)	\$150 \$200
All food service facilities re-opening after closure of 6 months or more, or minimal remodel to kitchen, or significant menu changes	\$100 \$150
Complex menu (e.g. restaurant, supermarket, mobile) new construction or remodel	\$250 \$300
Review for each additional permit within a complex facility (e.g. supermarket plus deli)	\$50
SWIMMING POOL, SPA OR SWIMMING BEACH	
Three hours	\$200
Additional hours after three	Hourly Rate
SOLID AND HAZARDOUS WASTE	
Pre-application fee for privately sponsored solid waste handling facilities such as transfer station, compost, land application, and contaminated soil treatment, up to 20 hours	\$1,000
Additional hours after initial 20	Hourly Rate
GENERAL	
Environmental Health review of Architectural/engineering (camp, school, water supply, or service requested by an owner/operator or mandated by law) Minimum 2 hours	Hourly Rate
PRE-APPLICATION MEETING	
First hour	No charge
Additional hours	Hourly Rate
PRE-DEVELOPMENT MEETING	
First 3 hours	\$200
Additional hours	Hourly Rate
	\$75
<i>ENVIRONMENTAL HEALTH DIVISION HOURLY CHARGES</i>	
ALL ENVIRONMENTAL HEALTH PROGRAMS	Hourly Rate
Additional inspections required for approval of permit, compliance with regulations, or other meeting by special request	\$75/hr Hourly Rate
SOLID & HAZARDOUS WASTE	
Contaminated property (illegal drug lab) clean-up plan review	75/hr Hourly Rate
Solid waste handling and disposal sites, and septage handling and treatment sites including review of reports, applications, and engineering drawings	75/hr Hourly Rate
Inspections and report review of conditionally exempt solid waste sites	Hourly Rate
Routine surveillance of biosolids use site	75/hr Hourly Rate
General biosolids program (site application review, complaint investigation charged to applicant) (apportioned among Washington Biosolids Permit holders operating or applying in Skagit County)	75/hr Hourly Rate
Routine surveillance at septage handling and treatment sites and sludge disposal sites	75/hr Hourly Rate
General septage and sludge program (apportioned among Skagit County permit holders)	75/hr Hourly Rate
DRINKING WATER	
Private water supply report (problem system)-sample bottles extra	75/hr Hourly Rate
Public notification of Maximum Contaminant Level exceedence	75/hr Hourly Rate

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Land use planning review	<u>75/Hr Hrly Rate</u>
Hydrogeologist review	<u>Hourly Rate</u>
Review of public or individual water system documents not covered by other charges	<u>75/Hr Hrly Rate</u>
MISCELLANEOUS FEES	
Delinquent permit renewal 30 days overdue (monthly charge)	\$35
Delinquent fine or other fee (monthly charge after 30 days)	\$35
NSF check charge (subject to collection agency referral, where additional fees may apply)	\$25
Charge for copying a document (per sheet) (see RCW 42.56.070)	\$00.15
Copy of Group B Water Pamphlet	\$5
SEPA review, publishing and other public notices as required by law, in addition to permit application and/or staff hourly fees	<u>Cost of Service</u>
CIVIL PENALTIES & FINES (FINES MAY BE ASSESSED DAILY)	
FOOD Violation of SCC 12.36, Food Establishments	\$250
LIQUID WASTE	
Violation of SCC 12.05, On-Site Sewage Code	
Failure to complete operations and maintenance inspection	\$75
Failing on-site sewage disposal system	\$250
Other violations	\$250
Liquid waste/sewage violation involving properties served by municipal sewer system or a sewer district; fine can be applied daily	\$250
SOLID AND HAZARDOUS WASTE	
Littering fine (1st offense)	\$100
Littering fine (2nd offense within twelve calendar months)	\$200
Minor illegal dumping violation (1st offense)	\$500
Minor illegal dumping violation (subsequent offense)	\$1,000
Major illegal dumping violation (1st offense)	\$1,000
Major illegal dumping violation (subsequent offense)	\$2,000
Septage handling and disposal or/sludge disposal site violation	\$500
Poultry BMP violation (each day a separate offense)	\$250
Failure to control garbage (first offense)	\$200
Failure to control garbage (second offense within twelve months)	\$400
Dead animal disposal violation	\$400
Solid Waste Code Permit Violation or other violation not covered above (1st violation)	\$1,000
Subsequent violation within twelve months	\$2,000
DRINKING WATER - Public water system violation (where Skagit County has contractual responsibility) (each day a separate offense)	\$250
OTHER - Violation of RCW 70.160.050 - Washington State Clean Indoor Air Act	\$100
APPEALS/VARIANCES/WAIVERS	
Appeal to Skagit County Health Officer of Civil Penalty/Fine Assessment (non-refundable)	Half of penalty /fine, max \$500
Appeal to Skagit County Board of Health of Health Officer Decision	\$500
Variance, deferral or waiver requests	
Food Program only	\$100
Initial application	\$250
Additional hours over 5 spent on variance/waiver requests	Hourly rate

WATER LABORATORY

For Skagit County Departmental use only. Sliding fee scale does not apply

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Presence/absence (P/A) _____	\$18
Raw water	\$30
Swimming beach sample _____	\$30
Sanitary survey (includes seawater sample) _____	\$30
HPC (heterotrophic plate count) only _____	\$18
A-I Fecal Only (20+ samples monthly) _____	\$18
Enterococci _____	\$30

PUBLIC HEALTH CLINIC

All fees are rounded to the nearest dollar, except as noted. Sliding fee scale applies, except as noted in schedule.

OFFICE VISIT FEES

Office Visit Fees are based on current DSHS Office Visit rates.

Charged according to level of complexity and decision making related to visit (see current CPT Code Book for definitions).

VACCINES FOR CHILDREN. Minimal Office Visit charged if no other office visit fees apply to visit. (Fee is based on current Centers for Medicare and Medicaid Services fee schedule (see CFDA 93.268)	\$26-\$19
NEW PATIENT	
Brief Problem Focused	\$48-\$50
Low Problem Focused	\$83-\$100
Moderate Expanded Problem	\$121-\$150
Intermediate Detailed History	\$162-\$200
High Comprehensive History	\$185-\$250
ESTABLISHED PATIENT	
Brief Problem Focused	\$26-\$25
Low Problem Focused	\$49-\$50
Moderate Expanded Problem	\$80-\$75
Intermediate Detailed History	\$112-\$125
High Comprehensive History	\$121-\$200

CLINICAL LABORATORY SERVICES – INSIDE

Fees may be reduced or waived according to Sliding Fee Scale. Charged at cost. Fees rounded to nearest dollar except as noted. Sliding Fee Scale does not apply except where noted. Outside Lab will bill DSHS directly for clients with valid medical coupons at time of visit. Office Visit fees apply – see that section.

Brief Office Visit Minimal charged if no other office visit fees apply to visit (sliding fees apply)	\$26-\$25
CLINICAL LABORATORY SERVICES – INSIDE	
Blood Draw, Venipuncture Finger	\$15
Blood Glucose Regent Strip	\$6
Gram stain/smear	\$6
Hematocrit	\$6
Pregnancy test	\$15
Specimen Handling Fees	\$15
Urinalysis – comprehensive	\$6
Urinalysis – dip stick	\$6
Wet mount	\$15

CLINICAL LABORATORY SERVICES – OUTSIDE

Office Visit Minimal charged if no other office visit fees apply to visit (sliding fees apply)	\$26
At time of Fee Schedule publication the outside laboratory services provided included:	
Chlamydia /GC Culture - Free from State Lab when criteria met	No charge
Chlamydia DNA Probe	\$29
Gonorrhea Culture	\$29

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Genital Culture with Smear	\$46
Gonorrhea Culture & Chlamydia	\$36
Hepatic Function Panel (waivable per symptoms present)	\$32
HepA Igm Antibody (Igm Anti-Hav)	\$25
HepA Antibody (Anti-Hav) (Igc & IgM)	\$18
HepB Core Antibody (Anti-HBc)	\$18
HepB Surface Antibody (Anti Hbs)	\$16
HepB Surface Antigen (HbsAg)	\$16
HepC Antibody (Anti Hcv)	\$20
Herpes Simplex 1 Antibody IgG	\$18
Herpes Simplex 2 Antibody IgG	\$18
HIV-1 Antibody EIA	\$17
HPV DNA High Risk	\$68
Measles Antibody IgG	\$20
Mumps Antibody IgG	\$20
Pap Smear, Bethesda system	\$16
Pap Smear, Delayed Preventive	\$30 \$21
Pap Smear, Thin Prep (← Ordered as necessary. Client is Charged)	\$30
Review of Pap Smear - Pathologist Review	\$15
Review of Pap Smear - MD Review	\$40
RPR, Syphilis	\$13
Rubella Antibody (Igc Quantitative)	\$20
VDRL	\$16
VDRL - Free from State Lab when criteria met	No charge

NURSING IMMUNIZATION CLINIC SERVICES

GENERAL IMMUNIZATION CLINIC SERVICES

When only influenza and/or pneumococcal vaccines are administered, no office visit fee is charged. All fees are rounded to the nearest dollar except where noted.

Immunization services for private business (e.g., influenza vaccine) hourly fee	\$100
Immunization shot record (second copy)	\$5

VACCINE FROM WASHINGTON STATE DEPARTMENT OF HEALTH

Clients must meet State criteria to receive the vaccine. A vaccine administration fee of \$15.00 is charged for each vaccine administered, and a \$19 Minimal Office Visit fee is charged, based on the current Centers for Medicare and Medicaid Services fee schedule (see C FDA 93.268). Sliding fees apply.

Office Visit Minimal charged if no other office visit fees apply to visit (sliding fees apply)	\$26
Vaccine Administration Fee, per dose (sliding fees apply)	\$15
Minimal Office Visit charged if no other office visit fees apply to visit (sliding fees apply).	\$26

State Supplied Vaccine available at Fee Schedule publication date:

DT	Influenza	Pneumovax 23
DTaP	Injectable Polio	Prevnar 7
Hep A	Menactra	Proquad (MMR/Varicella)
Hep B	MMR	Rotavirus
HIB	Pediarix (DTaP/IPV/HepB)	Td
HPV (Human Papilloma)	Pentacel (DTaP/IPV/HIB)	TDaP
		Varicella

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VACCINES PURCHASED BY SKAGIT COUNTY

The vaccine fee is composed of county cost (rounded to nearest dollar) plus a \$25 vaccine administration fee; sliding fees do not apply to vaccine fees. ~~\$25~~
 Minimal Office Visit fee is charged per client per visit (sliding fees apply). ~~Office Visit Minimal – charged if no other office visit fees apply to visit (sliding fees apply)~~ \$26.00
 Vaccine Administration Fee, per dose (sliding fees not applicable) \$25.00

Purchased Vaccines available at Fee Schedule publication date include:

Hepatitis A	Immune Globulin Hep A	TDaP
Hepatitis B	Japanese Encephalitis	Twinrix (Hep A&B)
HPV (Human Papilloma)	Menactra	Typhim VI
Influenza	Menomune	Varicella
Influenza – Flu Mist	MMR	Yellow Fever
Injectable Polio	Pneumococcal	Zostavax (Shingles)
	TD	

TRAVEL VACCINE FEES

By appointment only. Travel clinic fees may not be waived. Medical Coupons are not accepted. The vaccine fee is composed of county cost (rounded to nearest dollar) plus a \$25 vaccine administration fee.

International travel booklet (required with Yellow Fever Vaccination)	\$7
Vaccine Administration Fee, per dose	\$25
Office Visit, Extended - charged per client for initial <u>Travel Clinic Office</u> visit	\$50
Subsequent Office Visits for Immunizations, <u>charged per client per visit.</u>	\$26-\$25
Prescription Assessment (requires Nurse Practitioner or Physician)	\$25
PPD Tuberculosis Skin Test	\$25

NURSING COMMUNICABLE DISEASE CLINIC SERVICES

For Communicable Disease Clinic Services, clients with their primary residence outside of Skagit County are not eligible for sliding fees.
All fees rounded to the nearest dollar, except for medications, supplies and copies.

STD CLINIC

Lab Fees charged separately – see that section of fee schedule.

STD Scabies and/or Body Lice Office Visit & Treatment - Fee may be waived.	\$65
Destruction of flat warts (includes office visit & treatment) - Sliding scale does not apply.	\$65
Medications/ Supplies – Sliding scale does not apply.	Cost
Blood Draw, Venipuncture Finger	\$15
Copy of Medical Record/Chart - see Nursing Division Other section	

LOW RISK HIV CLINIC

Sliding fees do not apply.

HIV Low Risk Counseling Office Visit	\$50 \$75
Blood Draw, Venipuncture Finger	\$15
HIV-1 Antibody EIA Outside Lab Test	\$17
Copy of Medical Record/Chart - see Nursing Division Other section	

HIGH RISK HIV CLINIC

Testing and counseling free from State grant if criteria is met	No charge
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TUBERCULOSIS CLINIC

- Fees may be reduced or waived except as noted below. All fees rounded to nearest dollar, except for medications, supplies and copies.
- TB clinic fees may be waived for special circumstances as defined by the Health Officer, which include clients living in homeless shelters, clients with active tuberculosis, and those in contact with active tuberculosis.
- Fees for the blood draw and lab tests may be reduced or waived for those clients taking TB Drugs, and that have toxicity symptoms present. When initial treatment not completed, repeat treatments may not be waived.
- The TB Skin Test fee is waivable for clients that live in shelters, are homeless, or are incarcerated.

Services provided at fee schedule publication date include:

Twice weekly DOT (Directly Observed Therapy)	charged for medications only	Cost of Meds
Monthly visits to refill medication		Cost of Meds plus Office Visit Fee
Medications - rounded to nearest \$1.00,	sliding fee scale applies for clients with active TB	Cost
TB Skin Test duplicate record copy	(Fee may not be waived)	\$5
Blood Draw, Venipuncture Finger		\$15
CMP Complete Metabolic Panel	waivable per symptoms present	\$14
Hepatic Function Panel	waivable per symptoms present	\$15
<u>AST(SGOT)</u>	<u>waivable per symptoms present, sliding fees do not apply</u>	<u>Cost</u>
Quantiferon <u>Gold</u> (TB Blood Test)	<u>charged at cost, sliding fees do not apply, medical coupons not accepted</u>	Cost
<u>Outside Laboratory</u>	<u>charged at cost, sliding fees do not apply</u>	<u>\$44</u>
<u>Shipping Fees</u>	<u>charged at cost, sliding fees do not apply</u>	<u>\$20</u>
TB Skin Test duplicate record copy	(Fee may not be waived)	\$5
Medical record (chart) searching and handling fee (includes mailing costs).	Photocopy fee charged separately See WAC 246-08-400	\$22 <u>\$23</u>
Medical record photocopy fee,	charged per page for first 30 pages	\$.96 <u>\$1.02</u>
Medical record photocopy fee,	charged per page for all pages over 30 pages	\$.73 <u>.78</u>

CHEST X-RAYS & READINGS

One view, radiology	\$20
Two views, radiology	\$25
Apical Lordotic, radiology	\$30
X-Ray, Doctor Read	\$10
PPD Tuberculosis Skin Test (Fee may not be waived <u>except under special circumstances defined by the Health Officer</u>)	\$25
TB sputum specimen handling fee	\$15

TB OFFICE VISIT FEES

Minimal Office Visit charged if no other office visit fees apply (All TB Staff) (not charged for DOT) includes paraprofessional staff	\$26 \$25
TB Home Visit – New Patient Low Severity	\$33 \$50
TB Home Visit – Established Patient Self Limited or Minor	\$32 \$50
TB Home Visit – Established Patient – Low to Moderate Severity	\$48 \$50

FAMILY PLANNING CLINIC

Office Visit and Lab Fees charged separately – see that section of fee schedule. Family Planning Clinic services fees are not eligible for sliding fees. Office Visit Fees are based on current DSHS Office Visit rates. All fees are rounded to the nearest dollar, except for medications, supplies and copies.

Services provided at fee schedule publication date include:

Take Charge New Application Assistance (annual)	\$26
Office Visit Minimal charged if no other office visit fees apply	\$26

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Blood Draw, Venipuncture Finger	\$15
Pregnancy Test (urine) (office visit charged separately)	\$15
Diaphragm/cervical cap fitting	\$50
Implanon Office Visit Fee - Insertion	\$75
Implanon Office Visit Fee - Removal	\$87 <u>\$90</u>
Implanon Office Visit Fee - Removal & Insert Same Day	\$132 <u>\$130</u>
Mirena Device Insertion	\$48 <u>\$50</u>
Mirena Device Removal	\$57 <u>\$60</u>
Dispensing Fee (charged for each oral contraceptive, patch or ring supplied)	\$12
Clinic Medications & Supplies Charged at cost, rounded to nearest dollar.	Cost
<i>Includes Diaphragm/cervical cap (fee is not rounded), Oral contraceptives, Medications, Implanon and IUD Devices, Injections</i>	
Copy of Medical Record/Chart - see Nursing Division Other section	
Comprehensive Preventive Medicine Visit (Fees based upon current DSHS rates. Visit fee includes counseling, exam, lab draws & testing)	
	<i>New Patient</i>
Age 14-17	\$97 <u>\$98</u>
Age 18-39	\$99 <u>\$100</u>
Age 40-64	\$117
	<i>Established Patient</i>
	\$80
	\$82 <u>\$83</u>
	\$90

NURSING DIVISION OTHER

Sliding fee scale does not apply, fees are not rounded.

Blood pressure reading	\$3
Keys to Caregiving, training seminar, by Nursing Division staff, no materials included	<u>Varies</u>
\$60 each for 5-10 participants, \$45 each for 11-15 participants, \$30 each for 16-20 participants	
per person for 5-10 participants	\$60
per person for 11-15	\$45
per person for 16-20	\$30
Medical record searching and handling fee (includes mailing costs). Photocopy fee charged separately See WAC 246-08-400	\$22 <u>\$23</u>
Medical record photocopy fee, charged per page for first 30 pages	\$96 <u>\$1.02</u>
Medical record photocopy fee, charged per page for all pages over 30 pages	\$73 <u>.78</u>
NCAST, training seminar, by Nursing Division staff	
Minimum class size 6, maximum 10. Participants purchase own materials.	\$250/series
Nursing Division Professional Staff	
Hourly fee for childcare health & safety consultation	\$50
Hourly fee for other training/consultation services	\$75

VITAL RECORDS DIVISION

Sliding Fee Scale Does Not Apply. Fees set according to RCW 70.58.107

Certified copy of birth (cost for each copy)	\$20
Certified copy of death (first copy) <u>cost for each copy</u>	\$20
Certified copy of death (each additional copy when ordered at same time)	\$20
Re-issued Certified copy of death - (first copy) <u>cost for each copy</u>	\$6
Re-issued Certified copy of death - additional copies	\$4
Transmittal Fee - Out of County Certificates	\$1.

DEPARTMENT OTHER

Sliding Fee Scale Does Not Apply

Copying, per page copy charge (see RCW 42.56.070)	\$00.15
NSF Check Charge	\$25

FOR INFORMATION - DO NOT SCAN

*SKAGIT COUNTY PUBLIC HEALTH DEPARTMENT
PROPOSED CHANGES TO SCHEDULE OF CHARGES
RESOLUTION R20090136, DATED 3/18/2009*

Subject to referral to collection agency, where additional fees may apply	
Late Fee - Outstanding Invoice Payment (monthly fee)	\$35
Subject to referral to collection agency, where additional fees may apply	