ENVIRONMENTAL HEALTH DIVISION

FOOD SERVICE ESTABLISHMENTS

School cafeteria permit $180.00
Satellite or Seasonal school cafeteria permit ~~(operates for less than 3 months)~~ $80.00
~~Satellite cafeteria permit (serving from a central preparation kitchen) ..... $75.00~~
Small food establishment permit (~~10~~-~~50~~0 - 75 seats ~~or tavern with complete menu~~) $150.00
~~Medium permit (51-100 seats or tavern with complete menu) ..... $170.00~~
Large food establishment permit (~~101~~76 - 150 seats ~~or tavern with complete menu~~) $235.00
Extra-large food establishment permit (151+ seats ~~or tavern with complete menu~~) $335.00
Delicatessen permit (only with another SCHD food permit) $135.00
Bed & breakfast permit ..... $~~100.00~~ 65.00
Catering permit ..... $~~110.00~~150.00
Commissary kitchen permit $50.00
Cocktail lounge permit (only with another SCHD food permit) $40.00
Packaged food permit ..... $ 65.00
Limited food service permit (includes the following) $105.00
Candy Kitchen, Convenience store ~~(produce/ice bagging/hot dogs/hard ice cream)~~, Espresso operation, Farmers' Market, Food Cart, Tavern, Bakery, Canteen Truck, Meat/Seafood Market,
Supermarket permit (~~like convenience but with~~ 4 or more cash registers) $155.00
~~Meat market permit ..... $90.00~~
~~Seafood market permit ..... $90.00~~
~~Bulk food display permit (more than 20 bins or display units) ..... $55.00~~
~~Bakery permit ..... $95.00~~
~~Modified atmosphere~~ Reduced Oxygen packaging facility permit (unlimited operation) $260.00
~~Modified atmosphere~~ Reduced Oxygen packaging facility permit (repackaging USDA approved products only) $130.00
~~Canteen truck permit (daily or weekly delivery, prior route designated) ..... $115.00~~
Mobile food service permit (location specified 7 days prior to event) ..... $~~100.00~~150.00
~~Multiple event itinerant permit (prepaid/prior notice required) ..... $90.00~~
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 ..... Prorated fee
Food establishment permit for managers opening prior to obtaining a permit ..... Double permit fee

TEMPORARY AND SEASONAL FOOD ESTABLISHMENTS

Temporary food service ~~S~~serving ~~no potentially hazardous~~ low risk foods ~~except~~ (limited to hot dogs espresso, shaved ice, canned whipped cream etc.) Application ~~(~~submitted ~~7~~ 14 or more days before event~~) permit~~ $35.00
Temporary food service ~~S~~serving ~~potentially hazardous~~ high risk foods Application ~~(~~submitted 14 ~~7~~ or more days before event~~) permit~~ $55.00
Food Sampler/Demonstrator $25.00
Multiple Event Permit $90.00
Food (Chili/chowder) cook-off (coordinators single event permit) permit (up to 5 participants) $75.00
Food (Chili/Chowder) cook-off ~~(fee per participant - same day/same event/same food)~~ permit (Each additional participant~~s~~ over 5) ..... $~~15.00~~10.00

TEMPORARY AND SEASONAL FOOD ESTABLISHMENTS (CONT.)

Late fee – application received ~~week of~~ less than 14 days prior to operation or event $15.00
Temporary food permit for operators obtaining permit the same
day as starting food service or operating without permit..... Double permit fee

FOOD & BEVERAGE WORKER PERMITS

Food & beverage workers permit $10.00
Food & beverage workers manual (recovers SCHD cost of manual). $00.50
Charge to mail food worker permit or manual (prepaid, in addition to permit issuance) $1.00
Food & beverage workers permit (copy provided after initial issuance) $2.00
Out-of-office food and beverage worker class
~~(reimbursable if 12 or more paying food workers attend)~~ $75.00

FOOD ESTABLISHMENT REINSPECTION ~~(WHEN RED SCORE IS 20 OR MORE)~~

1st reinspection in a calendar year..... $~~75.00~~100.00
2nd reinspection in a calendar year..... $~~150.00~~175.00
3rd reinspection in a calendar year ..... $~~200.00~~225.00
~~4th or subsequent reinspection in a calendar year ..... $250.00~~
Reinspection following suspension of permit (usually occurs the following day) or more
than third reinspection in a calendar year $300.00

~~MOBILE AND~~ TEMPORARY FOOD REINSPECTION FEES ~~(WHEN RED SCORE IS 20 OR MORE~~

1st reinspection in a calendar year $50.00
2nd reinspection in a calendar year..... $ 75.00

FOOD ESTABLISHMENT PLAN REVIEW

Limited menu (preparation with no cooking, reheating, hot holding
or cooling procedures) remodel/ new facility $50.00
Simple menu (refrigeration, processing, minimum cooking,
and hot holding, but no cooling or reheating) remodel $50.00
Simple menu (refrigeration, processing, minimum cooking,
and hot holding, but no cooling or reheating) ~~remodel~~ new operation/significant remodel $150.00
Complex menu (cooking, reheating, hot holding
and cooling procedures or any handling of raw meats) remodel $100.00
Complex menu (cooking, reheating, hot holding
and cooling procedure or any handling of raw meats) new~~s~~ operation $250.00

SWIMMING POOL & SPA

Open entire year (single pool or spa) permit $300.00
Open entire year (each additional pool or spa) permit $145.00
Open entire year (maximum fee for 4 or more pools/spa) permit $515.00
Seasonal (6 or fewer consecutive months)[single pool/spa) permit $145.00
Seasonal (each additional pool or spa) permit $80.00
Bed and breakfast pool or spa permit $50.00
Pool or spa reinspection (major violation) ..... ~~$55.00~~ $100.00
Pool or spa reinspection (after a permit suspension) ..... ~~$100.00~~ $175.00
Plan Review Fee (3 hours, $50.00/hour after 3 hours) $100.00
Construction Permit $100.00

LIQUID WASTE PROGRAM FEES

Additional fee for licensee with on-site sewage system $35.00
Liquid Waste Pumpers' Certification $100.00
Operations & Maintenance Specialist Certification $50.00
Dye-testing by Health Department Staff (subject to Health Officer Determination) $500.00

LIVING ENVIRONMENT

Camping vehicle park permit $85.00
Primitive camping vehicle park permit $75.00
Mobile home park permit ~~(10 or less fewer spaces).~~(with public water and public sewer) ..... $~~55.00~~35.00
Mobile home park permit ~~(ll or more spaces)~~
(with individual water supply and onsite sewage disposal) ..... $~~70.00~~50.00
Day or youth camp permit $105.00
Temporary worker housing permit (5 or more housing units) ..... Per WAC 246-358-900

WATER PROGRAM FEES

Well site inspection (public system) ..... $~~150.00~~ 200.00
Group A water system sanitary survey (non-licensee) $225.00
Group A water system sanitary survey (licensee) $125.00
Group A water system sanitary survey follow-up visit(s) $100.00
Group B water system plan review (prepaid) ..... $ ~~300.00~~ 450.00
Group B water supply report/evaluation $150.00
Group B provisional determination ..... $ ~~200.00~~ 250.00
Group B provisional upgraded to approved ..... $~~250.00~~ 400.00
Public water system evaluation for building permit ..... $~~35.00~~ 50.00
Private water supply report (non-problematic system)-includes 1 bacteriological sample $100.00
Private water supply evaluation (alternative system) ..... $ ~~200.00~~ 250.00
Private water supply evaluation (seawater intrusion area) $100.00
Additional fee for licensee with an on-site water supply (approved system) $35.00
Additional fee for licensee with an on-site water supply (non-approved system) $50.00
Bacteriological sample by staff (includes test bottle) $65.00
Bacteriological sample by staff at delinquent licensee (includes test bottle) $65.00

WATER PROGRAM FEES (CONT)

~~Appeal to the Skagit County Board of Health~~
~~(e.g., health officer denial to use an alternative water source) ..... $200.00~~

SOLID WASTE PROGRAM

Fee on tonnage of mixed municipal solid waste generated in Skagit County and deposited at a 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 ~~landfill~~ disposal site (per yard charge billed quarterly) $00.10
Inert Landfill annual permit $500.00
Limited Purpose Landfill annual permit $1000.00
Municipal Waste Landfill annual permit $2000.00
Incinerator annual permit ..... $~~350.00~~1000.00
~~Material recovery facility (MRF) annual permit ..... $150.00~~
Moderate risk waste fixed facility annual permit ..... $~~100.00~~175.00
Compactor site annual permit ..... $~~25.00~~150.00
Transfer station annual permit ..... $~~150.00~~500.00
Type 1 and Type 2 Composting site annual permit (small volume operation – less than 8000 cubic yards of compost and feedstock stored on site and removed from site per year) ..... $~~50.00~~200.00
Type 1 and Type 2 Composting site annual permit (large volume operation – greater than 8000 cubic yards of compost and feedstock stored on site and removed from site per year) ..... $~~100.00~~300.00
Type 3 Composting site annual permit $350.00
Type 4 Composting site annual permit $500.00
Sludge disposal site annual permit $100.00
Petroleum contaminated soils permanent treatment site annual permit ..... $~~100.00~~200.00
~~Recycling operation annual permit (handling woodwaste, metals, cardboard and similar materials ..... $50.00~~
Septage handling and treatment site annual permit ..... $~~100.00~~250.00
Intermodal site annual permit ..... $~~150.00~~300.00
Conditional solid waste permit per WAC 173-350 and SCC 12.16 ..... $750.00
Long-term solid waste piles storage permit $200.00
Pre-paid request for variance from solid waste rules (SCC 12.16) $250.00
Other solid waste permit not covered above $250.00
Solid waste permit deferral from WAC 173-350 ..... $250.00
Pre-application fee for privately sponsored solid waste handling facilities such as transfer station, compost, land application, and contaminated soils treatment for 25 hours. Hourly rate after 25 hours up to a maximum of $2,000.00 (unused portion refunded when project is completed or abandoned) $1,000.00
~~Pre-application fee for major privately sponsored solid waste disposal/incineration project (unused portion refunded when project is completed or abandoned) ..... $2,000.00~~

ENVIRONMENTAL HEALTH DIVISION HOURLY CHARGES

Private water supply report (problem system)-sample bottles extra $50.00
Public notification of Maximum Contaminant Level exceedence $50.00
Architectural/engineering plan review (restaurant camp, tavern, school, water supply, swimming beach facility, ~~pool/spa~~, or other service requested by an owner/operator and/or mandated by law $50.00
Land use planning review $50.00
Contaminated property (illegal drug lab) clean-up plan review $50.00
Review of Group A or Individual water system documents not covered by other charges $50.00
Time spent on behalf of solid waste handling and disposal and septage handling and treatment including review of reports, applications, and engineering drawings $50.00
Time spent on behalf of routine surveillance of biosolids use site $50.00
Time spent on behalf of general biosolids program (apportioned among Washington Biosolids Permit holders operating or applying in Skagit County) $50.00
Time spent on behalf of routine surveillance at septage handling and treatment sites and Sludge disposal sites $50.00
Time spent on behalf of general septage and sludge program (apportioned among Skagit County permit holders) $50.00

MISCELLANEOUS FEES

Delinquent invoice payment 30 days overdue $35.00
NSF check charge $25.00
Charge for copying a document (per sheet) $00.15
Copy of Group B Water Pamphlet $5.00

CIVIL PENALTIES & FINES

Public water system violation (where Skagit County has contractual responsibility)[each day a separate offense} $100.00
Littering fine (1st offense) ..... $~~35.00~~100.00
Littering fine (2nd offense in a calendar within twelve months) ..... $~~70.00~~200.00
Minor illegal dumping violation (1st offense) ..... $~~250.00~~500.00
Minor illegal dumping violation (subsequent offense) ..... $~~500.00~~1,000.00
Major illegal dumping violation (1st offense) ..... $~~500.00~~1,000.00
Major illegal dumping violation (subsequent offense) ..... $~~1,000.00~~2,000.00
Liquid waste/sewage violation involving properties served by municipal sewer system or a sewer district; fine can be applied daily $250.00
Septage handling and disposal or/sludge disposal site violation $500.00
Poultry BMP violation (each day a separate offense) ..... $~~100.00~~250.00
Failure to control garbage (first offense) ..... $~~100.00~~200.00
Failure to control garbage (second offense within twelve months) ..... $~~200.00~~400.00
Dead animal disposal violation ..... $~~50.00~~400.00
~~Appeal to Skagit County Health Officer, of Civil Penalty/Fine assessment (non refundable) ..... Half of Penalty/Fine~~

CIVIL PENALTIES & FINES (CONT)

Solid Waste Code Permit Violation or other violation not covered above (1st violation) $250.00
Solid Waste Code Permit Violation or other violation not covered above (subsequent violation within twelve months) $500.00

APPEALS/WAIVERS

Appeal to Skagit County Health Officer of Civil Penalty/Fine assessment (non refundable)..... Half of Penalty/Fine up to $500.00
Appeal to Skagit County Board of Health of Health Officer Decision $300.00
Waiver to Skagit County Board of Health (SCC 12.48.280 – Drinking Water) $150.00

WATER LABORATORY

Sliding Fee Scale does not apply

Group A presence/absence (P/A with 48 hour test completion) [15 or more samples per month subject to negotiation]..... $10.00
Presence/absence (P/A) less than 10 samples per month from public or private system $16.00
Presence/absence (P/A) for satellite system manager submitting 15 or more samples per month subject to negotiation (with 48 hour test completion) $12.00
Raw water $20.00
Swimming beach sample $20.00
Sanitary survey (includes seawater sample) $30.00
HPC (heterotrophic plate count) only..... $16.00
A-1 Fecal Only (20+ samples monthly) $16.00

CLINICAL LABORATORY SERVICES

Fees may be reduced or waived according to Sliding Fee Scale
Fees rounded to nearest dollar.

Hematocrit	$5.00
Culture (miscellaneous G.C.)	$15.00
Chlamydia fluorescent antibody test	$4.00
VDRL	~~$5.25~~ 5.00
Pregnancy test (office visit fee charged separately)	$10.00
Gram stain/smear	$5.00
Wet mount	$6.00
Blood draw venipuncture finger	$10.00
Urinalysis – comprehensive	$5.00
Urinalysis – dip stick	~~$2.50~~ 4.00
Glucose Blood Regent Strip	~~$3.00~~ 4.00
Glucose Blood Quantitative	~~$13.75~~ 14.00

OUTSIDE LABORATORY SERVICES

Sliding Fee Scale does not apply except where noted.
Charged at cost (rounded to nearest dollar) ~~fee will be adjusted to reflect changes in cost)~~ of outside lab processing.

Office Visit – Minimal (5 min) charged for lab services if no other office visit charge applies	~~$14.00~~ 20.00
HS 90	~~$16.00~~ 19.00
HepA Igm Antibody (Igm Anti-Hav)	$11.00
HepA Antibody (Anti-Hav) (IgC & IgM)	~~$12.00~~ 14.00
HepB Core Antibody (Anti-HBc)	~~$12.00~~ 14.00
HepB Surface Antibody (Anti Hbs)	~~$11.00~~ 12.00
HepB Surface Antigen (HbsAg)	~~$10.00~~ 12.00
HepC Antibody (Anti Hcv)	~~$14.00~~ 16.00
Herpes Simplex 1 Antibody IgG	~~$13.00~~ 15.00
Herpes Simplex 2 Antibogy IgG	~~$19.00~~ 22.00
Liver Screen SGOT	9.00
Measles Antibody (Igg)	~~$13.00~~ 15.00
Mumps Antibody IgG	$13.00
Pap Smear Sliding Fee Scale applies. Bethesda system	~~$12.00~~ 15.00
Pathologist Review of Pap Smear. Sliding Fee Scale applies.	$12.00
RPR, Syphilis	$4.00
Rubella Antibody (Igc Quantitative	~~$13.00~~ 15.00
~~Varicella Zoster Igg Antibody~~	~~$13.00~~
Chlamydia DNA Probe	~~$19.50~~ 23.00
Gonorrhoea Culture & Chlamydia	~~$25.25~~ 29.00
HIV-1 Antibody EIA	~~$42.25~~ 42.00

OFFICE VISIT FEES

Charged at DSHS levels, rounded to nearest dollar; charged according to level of complexity and decision making related to the office visit (see current CPT Code Book for definitions). Sliding fee scale applies.

New Patient Brief (about 10 minutes)	$34.00
New Patient Low (about 20 minutes)	$59.00
New Patient Moderate (about 30 minutes)	$88.00
New Patient Intermediate (about 45 minutes)	$125.00
New Patient High (about 60 minutes)	$158.00
Established Patient Brief (about 5 minutes)	$20.00
Established Patient Low (about 10 minutes)	$35.00
Established Patient Moderate (about 15 minutes)	$49.00
Established Patient Intermediate (about 25 minutes)	$75.00
Established Patient High (about 40 minutes)	$110.00

NURSING IMMUNIZATION SERVICES

IMMUNIZATION CLINIC SERVICES

Sliding Fee Scale Does Not Apply. See Travel Vaccines for consultation and office visit fees for non county residents.

Immunization services for private business (e.g., influenza vaccine) hourly fee	~~$50.00~~ 75.00
International travel booklet (required with Yellow Fever Vaccination)	$5.00
Immunization record (second copy)	$3.00

STATE SUPPLIED VACCINES

Fee may be reduced or waived according to Sliding Fee Scale. Fee is $15 Administration Fee

DT (Child)	$15.00
DtaP	$15.00
Hepatitis A Ped	$15.00
Hepatitis B	$15.00
HIB	$15.00
Influenza Ped	$15.00
IPV (Injectable Polio)	$15.00
MMR (Child or college student)	$15.00
OPV (Oral Polio)	$15.00
Pneumococcal Ped	$15.00
Td	$15.00
Varicella Age 1-18	$15.00

PURCHASED VACCINES

Sliding Fee Scale Does Not Apply. Charged at cost (~~fee will be adjusted to reflect changes in cost~~ rounded to nearest dollar) plus ~~$15~~ 20.00 Administration Fee.

**HBIG ..... Admin + per vial cost
Hepatitis A Adult (1440) (age 19+ years) ..... ~~$33.00~~ $38.00
Hepatitis B Adult (age 20+ years) ..... ~~$40.00~~ 45.00
Hepatitis B Dialysis ..... ~~$162.00~~ 167.00
Hepatitis A and B Combined ..... ~~$51.00~~ 56.00
Immune Globulin Hep A (known exposure) charged per cc cost, no admin fee incl. ..... ~~$11.00~~ - 18.00
**Immune Globulin Hep B (HBIG) ..... Admin + per vial cost
Immune Globulin Rabies (RIG) ..... Admin + per vial cost
Influenza Age 19+ ..... ~~$18.00~~ 20.00
Flu Mist $35.00
Meningococcal ..... ~~$69.00~~ - 83.00
MMR Adult (age 19+ years) ..... ~~$47.00~~ 58.00
Pneumococcal Age 19+ ..... ~~$23.00~~ 34.00
PPD ..... ~~$15.00~~ 20.00
Rabies IM ..... ~~$113.00~~ 153.00
Td ..... ~~$23.00~~ 30.00
Varicella Age 19+ ..... ~~$73.00~~ 78.00
IPV (Injectable Polio) ..... ~~$35.00~~ 41.00

TRAVELLER VACCINES

Sliding Fee Scale Does Not Apply. Charged at cost (~~fee will be adjusted to reflect changes in cost~~ rounded to nearest dollar) plus ~~$20~~ 25.00 Administration Fee.

Travel Nurse Consultation – Out of County Residents. Fee charged per consultation visit ..... ~~$50.00~~
One Person) $50.00
Two+ People $75.00
Travel Office Visit – Out of County Residents. Fee charged per visit, per person, in addition to fees for Travel Vaccines below. ..... ~~$15.00~~ 25.00
Hepatitis A Adult (1440) Age 19+ ..... ~~$38.00~~ $ 43.00
Hepatitis B Adult Age 20+ ..... ~~$45.00~~ $ 50.00
Hepatitis A and B Combined ..... ~~$56.00~~ $ 61.00
Immune Globulin Hep A (pre exposure) ..... Admin plus per vial cost
~~Influenza ..... $23.00~~
IPV (Injectable polio) ..... ~~$40.00~~ 46.00
Japanese Encephalitis ..... ~~$99.00~~ 109.00
Meningococcal ..... ~~$74.00~~ 88.00
MMR Adult ..... ~~$52.00~~ 63.00
PPD ..... ~~$20.00~~ 25.00
Rabies IM ..... ~~$118.00~~ 158.00
~~Td ..... $28.00~~
Typhim Vi ..... ~~$54.00~~ 61.00
Typhoid-oral ..... ~~$48.00~~ 55.00

TRAVELLER VACCINES (CONT)

Varicella Age 19+ ..... ~~$78.00~~ 83.00
Yellow Fever (requires International Travel Card at additional cost)..... ~~$81.00~~ 88.00

***HBIG Charge based on HBIG dosage which is determined by client weight.*

NURSING CLINIC SERVICES

Fees may be reduced or waived according to Sliding Fee Scale except as noted.
*Charges are at DSHS allowable rates except where noted by *.*

STD CLINIC

Office Visit Fees charged – see that section of fee schedule.
~~STD New Patient Brief Exam (10 minutes) ..... $23.50~~
~~STD New Patient Limited Exam (20 min)..... $42.25~~
~~STD New Patient Extended Exam (30 minutes) ..... $63.00~~
~~STD Follow Up Visit, Established (10 minutes)..... $25.00~~
STD Scabies and/or Body Lice Office Visit ~~&~~and Treatment (fee per New Patient Brief Office Visit) ~~$23.50~~ 34.00
Destruct Flat Warts Office Visit and Treatment (fee per New Patient Low Office Visit) ..... ~~$41.00~~ 59.00

HIV CLINIC

* HIV Low Risk Test/Counsel (includes Blood Draw and Office Visit) ..... ~~$40.00~~ 60.00
HIV New Patient Limited Exam (non county resident, offsite services)
(fee per New Patient Low Office Visit)..... ~~$42.25~~ 59.00
HIV Follow Up Visit (non county resident, offsite services)
(fee per Established Patient Low Office Visit)..... ~~$20.50~~ 35.00

TB CLINIC

When initial treatment not completed, repeat treatments not waivable.
Office Visit Fees charged – see that section of fee schedule.
~~T.B. office visit ..... $35.50~~
~~T.B. follow-up visit ..... $21.00~~
~~T.B. home visit ..... $35.50~~
~~T.B. home follow-up visit ..... $21.00~~
* T.B. duplicate record copy $3.00
T.B. Xrays and Readings
One view, radiology ..... ~~$16.50~~ 17.00
One view, doctor read..... ~~$5.50~~ 6.00
Two views, radiology..... ~~$21.00~~ 22.00
Two views, doctor read..... $7.00

TB CLINIC (CONT)

Apical Lordotic, radiology ..... ~~$25.00~~ 26.00
Apical Lordotic, doctor read ..... ~~$8.50~~ 9.00
Medications (rounded to nearest dollar, sliding fee scale applies) ..... cost
T.B. sputum specimen handling fee $10.00
PPD Tuberculosis Skin Test (for Travellers see "Traveller Vaccines" section) $20.00

FAMILY PLANNING CLINIC

Clinic for Take Charge/ Family Planning DSHS Clients
Office Visit Fees charged – see that section of fee schedule.
~~New patient brief (10 minutes) ..... $23.50~~
~~New patient low (20 min) ..... $42.25~~
~~New patient moderate (30 minutes) ..... $63.00~~
~~New patient intermediate (45 minutes) ..... $89.50~~
~~New patient high (60 minutes) ..... $113.75~~
~~Established patient brief (5 minutes) ..... $14.00~~
~~Established patient low (10 min) ..... $25.00~~
~~Established patient moderate (15 minutes) ..... $34.50~~
~~Established patient intermediate (25 minutes) ..... $54.25~~
~~Established patient high (40 minutes) ..... $79.50~~

Injections at cost (rounded to nearest dollar)
Depo Provera ..... cost
Lunelle ..... cost
Penicillin ..... cost

Clinic Services
Pregnancy Test (urine) (office visit charged separately) $10.00
Diaphragm/cervical cap fitting ..... ~~$47.00~~ 57.00
Destruction of flat warts ~~no office visit if only procedure done~~ (includes office visit & treatment)
(fee per New Patient Low Office Visit) ..... ~~$41.00~~ 59.00

Clinic Supplies (rounded to nearest dollar, sliding scale does not apply)
Oral contraceptives ..... Cost
Diaphragm/Cervical cap ..... Cost
Medications ..... Cost
Jump Start – Undocumented Clients may receive a 1 month supply of contraceptives once during lifetime. (sliding scale applies) ..... Cost

Health Education
ECRR: Annual education, counseling and risk reduction intervention
ECRR Female ..... ~~56.00~~ 57.00
ECRR Male ..... ~~$56.00~~ 57.00
HIV/AIDS Test/Counsel (includes blood draw and office visit) ..... ~~40.00~~ 60.00

NURSING DIVISION OTHER

Sliding Fee Scale Does Not Apply

Blood pressure reading ..... Donation
Copying, per copy charge ..... $.15
Medications ..... Cost
Medical record searching and handling fee (includes mailing costs). Photocopy fee charged separately ..... ~~$18.00~~ 20.00
Medical record photocopy fee, charged per page for first 30 pages ..... ~~$.79~~ .88
Medical record photocopy fee, charged per page for all pages over 30 pages ..... ~~$.60~~ .67
Nix $2.50
NSF Check Charge $25.00
Nursing Division Professional Staff, hourly Fee for training/consultation services $50.00
- Baby Talk, training, hourly fee $50.00
- Childcare Consultation, hourly fee $50.00
- Parenting Education, hourly fee $50.00

NCAST, training seminar, by Nursing Division staff
- Minimum class size 6, maximum 10. Participants purchase own materials. $250/series

Keys to Caregiving, training seminar, by Nursing Division staff, no materials included ..... Varies
- $60 per person for 5-10 participants
- $45 per person for 11-15
- $30 per person for 16-20

Fluoride Varnish application (charged per visit) $15.00

SPECIMEN HANDLING FEES

O&P $4.00
Enteric $4.00
Pertussis $8.00

VITAL RECORDS DIVISION

Sliding Fee Scale Does Not Apply

Certified copy of birth (cost for each copy) $17.00
Certified copy of death (first copy) $17.00
Certified copy of death (each additional copy when ordered at same time) $17.00
Re-issued Certified copy of death – first copy $6.00
Re-issued Certified copy of death – additional copies $4.00

DEPARTMENT OTHER

Sliding Fee Scale Does Not Apply

Copying, per copy charge ..... $.15
~~Medical record searching and handling fee (includes mailing costs). Photocopy fee charged separately $18.00~~
~~Medical record photocopy fee, charged per page for first 30 pages..... $.79~~
~~Medical record photocopy fee, charged per page for all pages over 30 pages..... $.60~~
NSF Check Charge..... $25.00
Delinquent invoice payment – 30 days overdue..... $35.00