### SECTION 20. FEE RESOLUTIONS

### 20.26 HEALTH DEPARTMENT

**A. PURPOSE.** To establish public health service fees in order to expand existing public health services to the community at large.

#### B. PRIMARY CARE SERVICES.

(1) All Primary Care services will be charged on a fee-for-service rate based on local-cost-comparison of similar services and will not be less than current Medicaid rate nor more than Medicare rate if the service is covered by either payer. The fee will be derived by considering the type of visit, the client sliding fee scale, if applicable, based on Federal OMB guidelines and the current State Medicaid Rate. Proof of active Medicaid coverage will be accepted as full payment in lieu of charges for any service that is covered under the Medicaid program.

(2) School Physicals - \$30.00 per child (includes completion of School Health Entry Form). Replacement Forms - \$10.00 each.

(3) Sports Physicals - \$60 (includes EKG and completion of client sports physical form).

(4) Dental Clinic - Dental services are offered for children ages five (5) through twenty (20) years. Limited dental services are available for adults twenty-one (21) years and over. Children and adults who do not have valid Medicaid will be charged 160% of the Medicaid fee for dental services, with an option of applying for eligibility for sliding scale fees.

Proce	edure	160%-of the Child Medicaid Fee for Service
(a)	Comprehensive Exam	\$38.00
(b)	Limited Exam	\$19.00
(c)	PA x-ray	\$10.00
(d)	2 Bitewing x-rays	\$21.00
(e)	4 Bitewing x-rays	\$26.00
(f)	Panoramic x-ray	\$71.00
(g)	Full Mouth Debridement (basic cleaning)	\$124.00
(h)	Prophylaxis (polishing)	\$43.00
(i)	Fluoride Varnish	\$26.00

# SEMINOLE COUNTY ADMINISTRATIVE CODE

	(j)	Resin, Anterior (1 surface) filling	\$81.00
	(k)	Resin, Anterior (2 surface) filling	\$93.00
	(I)	Resin, Anterior (3 surface) filling	\$105.00
	(m)	Resin, Posterior (1 surface) filling	\$74.00
	(n)	Resin, Posterior (2 surface) filling	\$98.00
	(o)	Resin, Posterior (3 surface) filling	\$121.00
	(p)	Oral Hygiene Instruction	\$14.00
	(q)	Pulp Cap Direct	\$31.00
	(r)	Pulp Cap Indirect	\$26.00
	(s)	Sedative Filling	\$43.00
	(t)	Extraction (Simple) / includes supply costs	\$100.00
	(u)	Sealants (per tooth)	\$31.00
	(v)	Pulpotomy	\$119.00
(5)	Cor * Tł cli at Fe	gnancy Test (urine or serum) - Nurse nsultation ne fee will be derived by considering the ent sliding fee group which is calculated eligibility determination, based on ederal OMB Guidelines. gnancy Statement Replacement	\$50.00 \$15.00
(6)		nancy Test – under Age 19	No Charge
(7)	Thin-l	Prep PAP laboratory test	\$35.00
(8)	Famil	y Planning Initial or Annual Exam	\$100.00
(9)	Famil	y Planning Counseling and Supply Visit	\$50.00
(10)		t Physical – College/Employment usions Apply)	\$50.00
СОМ	MUNIT	Y PUBLIC HEALTH SERVICES	
(1)		rculin (TB) Skin Test, with reading and assessment.	\$40.00
(2)		rculosis (TB) Symptom Assessment evious positive reactors	\$25.00

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## SEMINOLE COUNTY ADMINISTRATIVE CODE

(3)	Chest x-ray		\$50.00	
(4)	Quant	Quantiferon Gold TB Test		
(5)	TB Pa	tient FMLA or Disability Forms Completion	\$25.00	
(6)	•	itis Panel Testing funded by Hepatitis Program)	\$25.00	
(7)	Sexua	ally Transmitted Diseases		
	(a)	Exam and Testing - The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu of charges. Patients referred by the Disease Intervention Specialist for initial testing may be charged.	\$110.00	
	(b)	STD screening tests including: Syphilis, HIV, Chlamydia and Gonorrhea for asymptomatic clients.	\$55.00	
	(c)	STD exam only	\$55.00	
	(d)	Cryo Wart Removal (No Eligibility) One (1) Wart Two (2) to Five (5) Warts Six (6) to Ten (10) Warts Eleven (11) or more Warts	\$55.00 \$90.00 \$125.00 \$180.00	
	(e)	Testing for HIV I Antibodies Routine Serum or Rapid	\$20.00	
	(f)	Herpes (HSV 1 or 2) Serum – No Eligibility	\$35.00	
	(g)	Herpes Culture and Typing – No Eligibility	\$26.00	
	(h)	Anal Pap	\$47.00	
	(i)	Herpes (HSV-1 and HSV-2) (No Eligibility)	\$53.00	
	(j)	Aptima Trich (No Eligibility)	\$38.00	
	(k)	Treatment Only Visit	\$23.00	

\* Services provided regardless of ability to pay.

(8) HIV Post Exposure Prophylaxis/Non-Occupational Post Exposure Prophylaxis

> Exam and Testing – The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu of charges.

- (a) Provider exam and consult; STD screening test and lab processing fee for the following: syphilis, HIV, hepatitis panel, CMP, chlamydia and gonorrhea (site of exposure)
  (b) Pregnancy Test
  \$10.00
- (9) Immunization services for children and adults including international travel consults and vaccinations, recommended adult immunizations, form completions and replacements:

#### Adults

	-				
(a)		Prevailing vaccine cost rounded up to the nearest dollar			
(b)	Vacci	ne administrative fee:	\$25.00		
(c)		ge Entry Immunization Forms nistrative Form Processing Fee	\$24.00		
Childr	en				
(a)	(i)	Vaccine at no cost Vaccine and Form processing administrative fee (except Medicaid)	\$25.00		
	(ii)	Replacement Form (except Medicaid)	\$10.00		
	(iii)	Recommended vaccines for children 2 months through 18 years eligible for Vaccines for Children Program (VFC)	No Charge		
	(iv)	Required vaccines for school/daycare entry through 18 years	No Charge		

## <u>Travel</u>

	(a)	Travel vaccines at 125% cost to	o CHD	
	(b)	Travel Consult Fee (a minimum minutes of consult time and prin information regarding disease p (fee waived per additional famil	nted travel	\$60.00
	(c)	Administrative form replacemer Yellow Fever Certificate	nt for	\$10.00
	(d)	Malaria prevention prescription	fee	\$25.00
	(e)	Vaccine administrative fee		\$24.00
	<u>Speci</u>	al Events		
	(a)	Special immunization clinics for at risk for complications of infec- vaccine preventable diseases, pneumonia and others as indica surveillance and reporting.	tion from including flu,	No Charge for Vaccine & Services
(10)		ratory Services: Prevailing lab comen collection fee.	ost and	
	Speci	men Collection Fee:		\$20.00
(11)	Community Health and Wellness Program Activity (The fee shall cover the cost of community health and wellness program activities and/or program fees, not to exceed \$50.00 above actual cost per unit for production and delivery of materials and services. Fees are based on the scope and duration of activity.)		\$50.00	
(12)		Class/Seminar registration person)		
	м - г	,	HIV 501 Update HIV 500 HIV 501	\$15.00 \$25.00 \$75.00

	(13)	American Heart Association – CPR/AED Basic Life Support Courses for Healthcare Professionals: a 4-hour course that covers Adult, Child, and Infant one-rescuer CPR AED, as well as focused emphasis on team work with the Adult, Child, and Infant two-person rescue. Topics also include Rescue Breathing and Foreign Body Airway Obstruction.	\$30.00
	(14)	Adult Health Screenings – includes: registration, lab, and blood pressure check, return appointment for consultation of lab results and referrals (PCP/ Clinics/Smoking Cessation/AA/Mental Health/IMMS/ Dental and Medicaid and other financial assistance) (Does not include physical exam by licensed provider)	\$38.00
	VITAI	_ STATISTICS:	
	(1)	Birth Certificates:	
		County Fee State Fee pursuant to Section 382.025, FS (Surcharge for Certificates Issued by Local Registrars)	\$10.00 \$ 3.50
		State Surcharge, Child Welfare Training Trust Fund Total Fee for Birth Certificates	\$ <u>1.50</u> \$15.00
	(2)	Additional Copies	\$8.00
	(3)	Protective covers	\$3.00
	(4)	Death Certificates - Certified Copy	\$10.00
	(5)	Additional Copies	\$5.00
	(6)	Fee to Expedite	\$10.00
	(7)	Notary Services	\$10.00
	MEDI	CAL RECORDS:	
	Соруі	ng of Medical Record (per page)	No charge
	PUBL	IC RECORDS:	
Copying of Public Record (per page) No ch			

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**G. ENVIRONMENTAL HEALTH SERVICES:** The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.

(1) Water

(a)	Health Department Laboratory analysis per sample	\$20.00
(b)	Chemical sampling per site visit State Fee County Fee Total	\$60.00 <u>\$20.00</u> \$80.00
(C)	Chemical sampling per site visit for Delineated areas State Fee County Fee Total	\$50.00 <u>\$20.00</u> \$70.00
(d)	Combined chemical/microbiological Sample visit State Fee County Fee Total	\$70.00 <u>\$10.00</u> \$80.00
(e)	Limited use public water system annual operating permit State Fee (Initial) County Fee Total	\$90.00 <u>\$30.00</u> \$120.00
	State Fee (Renewal) County Fee Total	\$90.00 <u>\$30.00</u> \$120.00
(f)	Private potable well and private irrigation well permit State Fee County Fee Total Fee	\$200.00 <u>\$50.00</u> \$250.00
(g)	Private potable well and private irrigation well abandonment permit State Fee County Fee Total Fee	\$ 0.00 <u>\$150.00</u> \$150.00

	(h)	Private potable well and private irrigation well variances State Fee County Fee Total Fee	\$100.00 <u>\$50.00</u> \$150.00
(2)	Swim	ming Pools and Bathing Places	
	(a)	Annual operating permit - up to and Including 25,000 gallons State Fee County Fee Total	\$125.00 \$ 0.00 <u>\$ 50.00</u> \$175.00
	(b)	Annual operating permit - more than 25,000 gallons State Fee County Fee Total	\$250.00 \$ 0.00 <u>\$100.00</u> \$350.00
	(C)	Late fee - (on permits paid after June 30) County Fee	\$50.00
	(d)	Re-inspection Fee per each re-inspection County Fee	\$50.00
	(e)	Exempted Condo Pools State Fee County Fee Total	\$50.00 <u>\$25.00</u> \$75.00
(3)		c Tanks (Onsite Sewage Treatment and osal Systems) (OSTDS)	
	(a)	New septic tank State fee pursuant to Chapter 62-6, F.A.C. County Fee Total fee for standard or filled septic tank	\$350.00 <u>\$75.00</u> \$425.00
	(b)	Septic Tank Modification(s) State fees pursuant to Chapter 62-6, F.A.C. County Fee Total fee for Septic Tank Modification(s)	\$330.00 <u>\$70.00</u> \$400.00
	(c)	Septic tank repair permit State fee pursuant to Chapter 62-6, F.A.C County Application Fee Total fee for septic tank repair permit	\$300.00 <u>\$50.00</u> \$350.00

(d)	comp State	spection fee per each non- liance re-inspection Fee pursuant to Chapter 62-6, F.A.C. ty Fee	\$ 50.00 <u>\$ 50.00</u> \$100.00
(e)	State	ty Fee	\$  50.00 <u>\$  75.00</u> \$125.00
(f)	Variance Application for a Single Family Residence per each lot or building site State Fee County Fee Total		\$200.00 <u>\$100.00</u> \$300.00
(g)	Comr State	ty Fee	\$300.00 <u>\$100.00</u> \$400.00
(h)	Field	e Sewage Consultation Fees and Work Requests Not Related to al Permitting	
	(i)	Plan Review State Fee County Fee	\$ 0.00 \$90.00
	(ii)	Soil Profile Fee State Fee County Fee	\$   0.00 \$125.00
(i)	Oper	Fees for Delinquent Onsite Sewage ating Permits ty Fee	\$75.00
(j)	State	it amendment Fee ty Fee	\$  90.00 <u>\$  45.00</u> \$135.00
(k)	State	ty Fee	\$    0.00 <u>\$100.00</u> \$100.00

(I)	State	ity Fee	\$ 75.00 <u>\$ 25.00</u> \$100.00
(m)	Annu State	ity Fee	\$25.00 <u>\$50.00</u> \$75.00
(n)	Perm State	ity Fee	\$100.00 <u>\$_50.00</u> \$150.00
(0)	for Pe State	ity Fee	\$100.00 <u>\$100.00</u> \$200.00
(p)	Indus Sewa State	ity Fee	\$150.00 <u>\$75.00</u> \$225.00
(q)	Existi	ing System Evaluations	
	(i)	Inspected within last three (3) years State Fee County Fee Total	\$50.00 <u>\$50.00</u> \$100.00
	(ii)	Not inspected within last three (3) years State Fee County Fee Total	\$ 85.00 <u>\$ 50.00</u> \$135.00
(r)	Addit requi State	ity Fee	\$ 0.00 <u>\$50.00</u> \$50.00

## (4) Food Service

(a)	Late renewal of Annual Certificates State Fee County Fee Total	\$25.00 <u>\$20.00</u> \$45.00
(b)	Alcoholic Beverage Establishment Inspection State Fee County Fee Total	\$190.00 <u>\$20.00</u> \$210.00
(c)	Reinspection Fee (1 <sup>st</sup> ) State Fee County Fee Total	\$75.00 <u>\$ 0.00</u> \$75.00
(d)	Annual Permit – Adult Living Facilities State Fee County Fee Total	\$135.00 <u>\$65.00</u> \$200.00
(e)	Annual Permit – Schools State Fee County Fee Total	\$200.00 <u>\$100.00</u> \$300.00
(f)	Annual Permit – Civic Organizations State Fee County Fee Total	\$190.00 <u>\$100.00</u> \$290.00
(g)	Annual Permit – Detention Centers & Jails State Fee County Fee Total	\$250.00 <u>\$ 50.00</u> \$300.00
(h)	Food Service Plan Review State Fee/hour (1 hour minimum) County Fee Total/hour (1 hour minimum)	\$40.00 <u>\$50.00</u> \$90.00
(i)	Limited Food Service Operation State Fee County Fee Total	\$110.00 <u>\$50.00</u> \$160.00

(j)	Vending Machine State Fee County Fee Total	\$ 85.00 <u>\$ 25.00</u> \$110.00
(k)	Temporary Food Service Event Sponsor State Fee County Fee Total	\$100.00 <u>\$50.00</u> \$150.00
(I)	Temporary Food Service Event – Vendor/Booth State Fee County Fee Total	\$ 50.00 <u>\$ 50.00</u> \$100.00
Othe	r Services	
(a)	Tanning Facilities Annual Permit State Fee County Fee Total	\$150.00 <u>\$   0.00</u> \$150.00
	Fee for each additional device State Fee County Fee Total	\$55.00 <u>\$  0.00</u> \$55.00
	Re-inspection fee per each re-inspection State Fee County Fee Total	\$ 0.00 <u>\$75.00</u> \$75.00
	Plan Review (new permits only) State Fee County Fee Total	\$ 0.00 <u>\$65.00</u> \$65.00
(b)	Body Piercing	
	Annual Permit State Fee County Fee Total	\$150.00 <u>\$    0.00</u> \$150.00
	Temporary Establishment State Fee County Fee Total	\$75.00 <u>\$_0.00</u> \$75.00

(5)

	Re-In State Coun Total	\$ 0.00 <u>\$75.00</u> \$75.00	
	Plan State Coun Total	\$ 0.00 <u>\$65.00</u> \$65.00	
(C)	Tatto	o Establishments and Tattoo Artists	
	(i)	Tattoo Establishment License State Fee County Fee Total	\$200.00 <u>\$50.00</u> \$250.00
	(ii)	Tattoo Artist License State Fee County Fee Total	\$ 60.00 <u>\$ 50.00</u> \$110.00
	(iii)	Reactivation Fee State Fee County Fee Total	\$ 0.00 <u>\$75.00</u> \$75.00
	(iv)	Guest Tattoo Artist Registration (Appearing at fairs, festivals or other limited time events): State Fee County Fee Total	\$35.00 <u>\$50.00</u> \$85.00
	(v)	Reinspection Fee State Fee County Fee Total	\$ 0.00 <u>\$75.00</u> \$75.00
(d)	Group Care Homes and Facilities		
	(i)	Residential Group Home(s) Voluntary request for inspection - State Fee County Fee Total	\$   0.00 <u>\$100.00</u> \$100.00

	(ii)	Adult Living Facilities General sanitation inspection as required by Agency for Health Care Administration - State Fee County Fee Total	\$ 0.00 <u>\$100.00</u> \$100.00
	(iii)	Day Care Centers Annual general sanitation inspections - State Fee County Fee Total	\$ 0.00 <u>\$100.00</u> \$100.00
	(iv)	Reinspection Fee State Fee County Fee Total	\$ 0.00 <u>\$75.00</u> \$75.00
(e)	Scho inspe State Cour Total	\$    0.00 <u>\$100.00</u> \$100.00	
(f)	Hous Adult State Cour Total	\$ 0.00 <u>\$50.00</u> \$50.00	
(g)	Indoor Air Inspection State Fee County Fee Total		\$ 0.00 <u>\$60.00</u> \$60.00
(i)	Any i set fo State Cour Total	\$ 0.00 <u>\$50.00</u> \$50.00	
(j)	State	nedical Waste Permits e Fee hty Fee	\$ 85.00 <u>\$ 50.00</u> \$135.00

	State	Review (new permits only) Fee ty Fee	\$ 0.00 <u>\$65.00</u> \$65.00			
(k)	Mobil	e Home Parks				
	(i)	State Fee (up to 25 spaces) County Fee (up to 25 spaces) Total	\$100.00 <u>\$  50.00</u> \$150.00			
	(ii)	State Fee (26-149 spaces) County Fee (26-149 spaces)	\$ 4.00 per space \$100.00 per park			
	(iii)	State Fee (150 spaces and over) County Fee (150 spaces and over) Total	\$600.00 <u>\$100.00</u> \$700.00			
	(iv)	Reinspection Fee State Fee County Fee Total	\$ 0.00 <u>\$75.00</u> \$75.00			
	(v)	Plan Review (new permits only) State Fee County Fee Total	\$ 0.00 <u>\$65.00</u> \$65.00			
(I)	Migrant Labor Camp Inspection State Fee County Fee Total		\$150.00 <u>\$    0.00</u> \$150.00			
ACADEMIC INTERNSHIP.						
Foo for finderprinting and Lovel 2 Background						

\$37.25

Fee for fingerprinting and Level 2 Background Screening, per person (Required in accordance with Section 435.04, Florida Statutes)

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I. AUTHORITY. Resolution 2004-R-23 adopted February 10, 2004 Resolution 2006-R-130 adopted June 13, 2006 Resolution 2006-R-213 adopted September 26, 2006 Resolution 2007-R-170 adopted September 25, 2007 Resolution 2008-R-219 adopted September 23, 2008 Resolution 2009-R-191 adopted October 13, 2009 Resolution 2010-R-196 adopted September 28, 2010 Resolution 2011-R-1 adopted January 11, 2011 Resolution 2011-R-187 adopted October 11, 2011 Resolution 2012-R-164 adopted September 11, 2012 Resolution 2013-R-221 adopted September 24, 2013 Resolution 2014-R-39 adopted February 11, 2014 Resolution 2014-R-76 adopted April 8, 2014 Resolution 2014-R-160 adopted August 26, 2014 Resolution 2015-R-39 adopted February 24, 2015 Resolution 2015-R-157 adopted September 22, 2015 Resolution 2016-R-136 adopted September 13, 2016 Resolution 2017-R-153 adopted September 26, 2017 Resolution 2018-R-123 adopted September 25, 2018 Resolution 2020-R-04 adopted January 14, 2020 Resolution 2020-R-143 adopted December 8, 2020 Resolution 2022-R-13 adopted January 25, 2022 Resolution 2023-R-2 adopted January 10, 2023 Resolution 2023-R-20 adopted February 28, 2023 Resolution 2023-R-124 adopted November 14, 2023