# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| **PUBLIC HEALTH MEDICINE** | | | | | | | | | |
| ALL OFFICE VISITS | $164.06 | YES | $164.06 | $136.17 | $109.92 | $82.03 | $54.14 | $27.89 | $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 |
| SOCIAL SERVICES EDUCATION AND COUNSELING | $55.00 | NO | | | | | | | |
| **COMMUNICABLE DISEASE** | | | | | | | | | |
| H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C | $40.00 | NO | | | | | | | |
| HEPATITIS - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT** | $0.00 | NO | | | | | | | |
| HIV - CONTACT INTERVIEW- DOES NOT INCLUDE LABS OR TREATMENT | $0.00 | NO | | | | | | | |
| HIV EDUCATION | $125.00 | NO | | | | | | | |
| LTBI SERVICE | $15.00 | NO | | | | | | | |
| STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT | $0.00 | NO | | | | | | | |
| STD SCREENING (LABS ONLY)** | $55.00 | NO | | | | | | | |
| TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT | $0.00 | NO | | | | | | | |
| TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCAL | $164.06 | YES | $164.06 | $136.17 | $109.92 | $82.03 | $54.14 | $27.89 | $0.00 |
| TB SCREENING AND SKIN TEST** | $25.00 | YES | $25.00 | $20.75 | $16.75 | $12.50 | $8.25 | $4.25 | $0.00 |
| TB SKIN TEST OR LAB TESTING (EMPLOYMENT/SCHOOL)** | $25.00 | NO | | | | | | | |
| TB SYMPTOM ASSESSMENT** | $25.00 | NO | | | | | | | |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| **LAB** | | | | | | | | | |
| IH GLUCOSE PLASMA | $2.43 | YES | $2.43 | $2.02 | $1.63 | $1.22 | $0.80 | $0.41 | $0.00 |
| IH HCG URINE PREGNANCY TEST | $15.00 | YES | $15.00 | $12.45 | $10.05 | $7.50 | $4.95 | $2.55 | $0.00 |
| IH HCG URINE PREGNANCY TEST- (IF NOT PART OF AN EXAM) | $15.00 | YES | $15.00 | $12.45 | $10.05 | $7.50 | $4.95 | $2.55 | $0.00 |
| IH HEMOGLOBIN | $7.99 | YES | $7.99 | $6.63 | $5.35 | $4.00 | $2.64 | $1.36 | $0.00 |
| IH HEPATITIS C RAPID TEST | $19.59 | YES | $19.59 | $16.26 | $13.13 | $9.80 | $6.46 | $3.33 | $0.00 |
| IH HIV SCREENING RAPID TEST | $8.56 | YES | $8.56 | $7.10 | $5.74 | $4.28 | $2.82 | $1.46 | $0.00 |
| IH SYPHILIS RAPID TEST | $11.42 | YES | $11.42 | $9.48 | $7.65 | $5.71 | $3.77 | $1.94 | $0.00 |
| IH URINE DIPSTICK | $0.61 | YES | $0.61 | $0.51 | $0.41 | $0.31 | $0.20 | $0.10 | $0.00 |
| LAB AMPLIFIED GC/GT ** | $10.64 | YES | $10.64 | $8.83 | $7.13 | $5.32 | $3.51 | $1.81 | $0.00 |
| LAB CHRONIC HEPATITIS SCREEN 0380 | $0.00 | YES | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| LAB MGEN 0460 | $17.00 | YES | $17.00 | $14.11 | $11.39 | $8.50 | $5.61 | $2.89 | $0.00 |
| LAB RPR W CONFIRM IF RPR REACTIVE 0250 | $2.68 | YES | $2.68 | $2.22 | $1.80 | $1.34 | $0.88 | $0.46 | $0.00 |
| LAB TRICH 0450 | $11.00 | YES | $11.00 | $9.13 | $7.37 | $5.50 | $3.63 | $1.87 | $0.00 |
| QD BASIC METABOLIC PANEL 10165 | $1.21 | YES | $1.21 | $1.00 | $0.81 | $0.61 | $0.40 | $0.21 | $0.00 |
| QD CBC WITH DIFFERENTIAL/PLATELET 6399 | $1.10 | YES | $1.10 | $0.91 | $0.74 | $0.55 | $0.36 | $0.19 | $0.00 |
| QD CHLAMYDIA TRACHOMATIS RNA,TMA 11361 | $6.00 | YES | $6.00 | $4.98 | $4.02 | $3.00 | $1.98 | $1.02 | $0.00 |
| QD CHLAMYDIA/NEISSERIA GONORRHOEAE RNA, TMA, UROGENITAL 11363 | $12.00 | YES | $12.00 | $9.96 | $8.04 | $6.00 | $3.96 | $2.04 | $0.00 |
| QD CHLAMYDIA-N GONORRHOEAE RNA, TMA, RECTAL 16506 | $12.00 | YES | $12.00 | $9.96 | $8.04 | $6.00 | $3.96 | $2.04 | $0.00 |
| QD CHLAMYDIA-N GONORRHOEAE RNA, TMA, THROAT 70051 | $12.00 | YES | $12.00 | $9.96 | $8.04 | $6.00 | $3.96 | $2.04 | $0.00 |
| QD COMPREHENSIVE METABOLIC PANEL 10231 | $1.51 | YES | $1.51 | $1.25 | $1.01 | $0.76 | $0.50 | $0.26 | $0.00 |
| QD DRUG MONITORING, PANEL 7 WITH CONFIRMATION, URINE 39429 | $250.67 | YES | $250.67 | $208.06 | $167.95 | $125.34 | $82.72 | $42.61 | $0.00 |
| QD HCG WITH GESTIONAL TABLE 19485 | $45.00 | YES | $45.00 | $37.35 | $30.15 | $22.50 | $14.85 | $7.65 | $0.00 |
| QD HCG, BETA-SUBUNIT, QNT, SERUM | $4.50 | YES | $4.50 | $3.74 | $3.02 | $2.25 | $1.49 | $0.77 | $0.00 |
| QD HCG, TOTAL, QUANTITATIVE 8396 | $4.50 | YES | $4.50 | $3.74 | $3.02 | $2.25 | $1.49 | $0.77 | $0.00 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| QD HEMOGLOBIN A1C 496 | $2.00 | YES | $2.00 | $1.66 | $1.34 | $1.00 | $0.66 | $0.34 | $0.00 |
| QD HEPATIC FUNCTION PANEL 10256 | $1.16 | YES | $1.16 | $0.96 | $0.78 | $0.58 | $0.38 | $0.20 | $0.00 |
| QD HEPATITIS PANEL 6462 | $17.35 | YES | $17.35 | $14.40 | $11.62 | $8.68 | $5.73 | $2.95 | $0.00 |
| QD HIV-1/2 ANTIGEN AND ANTIBODIES, FOURTH GENERATION, WITH REF 91431 | $6.80 | YES | $6.80 | $5.64 | $4.56 | $3.40 | $2.24 | $1.16 | $0.00 |
| QD HSV -SIMPLEX TYPE 1 OR HSV SIMPLEX TYPE 2** 6447 | $5.00 | YES | $5.00 | $4.15 | $3.35 | $2.50 | $1.65 | $0.85 | $0.00 |
| QD LIPID PANEL WITH LDL/HDL RATIO 7600 | $1.75 | YES | $1.75 | $1.45 | $1.17 | $0.88 | $0.58 | $0.30 | $0.00 |
| QD QUANTIFERON-TB GOLD PLUS, 1 TUBE 36970 | $25.00 | YES | $25.00 | $20.75 | $16.75 | $12.50 | $8.25 | $4.25 | $0.00 |
| QD RPR DX WITH REFLEX TO TITER AND TREPONEMA PALLIDUM ANTIBODY, IA 36126 | $2.00 | YES | $2.00 | $1.66 | $1.34 | $1.00 | $0.66 | $0.34 | $0.00 |
| QD SURESWAB(R) ADVANCED VAGINITIS PLUS, TMA 10120 | $119.61 | YES | $119.61 | $99.28 | $80.14 | $59.81 | $39.47 | $20.33 | $0.00 |
| QD THINPREP IMAGING PAP AND APTIMA HPV (MRNA E6-E7) 90933 | $33.41 | YES | $33.41 | $27.73 | $22.38 | $16.71 | $11.03 | $5.68 | $0.00 |
| QD THINPREP IMAGING PAP REFLEX APTIMA HPV (MRNA E6-E7) 90934 | $12.60 | YES | $12.60 | $10.46 | $8.44 | $6.30 | $4.16 | $2.14 | $0.00 |
| QD TRICHOMONAS VAGINALIS RNA QUALITATIVE TMA, MALES 90801 | $18.00 | YES | $18.00 | $14.94 | $12.06 | $9.00 | $5.94 | $3.06 | $0.00 |
| QD TRICHOMONAS VAGINALIS RNA, QUALITATIVE, TMA 19550 | $17.61 | YES | $17.61 | $14.62 | $11.80 | $8.81 | $5.81 | $2.99 | $0.00 |
| QD TSH 899 | $2.00 | YES | $2.00 | $1.66 | $1.34 | $1.00 | $0.66 | $0.34 | $0.00 |
| QD URIC ACID 905 | $0.88 | YES | $0.88 | $0.73 | $0.59 | $0.44 | $0.29 | $0.15 | $0.00 |
| QD URIC ACID 905 | $0.88 | YES | $0.88 | $0.73 | $0.59 | $0.44 | $0.29 | $0.15 | $0.00 |
| QD URINALYSIS, COMPLETE, WITH REFLEX TO CULTURE 3020 | $1.50 | YES | $1.50 | $1.25 | $1.01 | $0.75 | $0.50 | $0.26 | $0.00 |
| QD URINE CULTURE, ROUTINE 395 | $3.00 | YES | $3.00 | $2.49 | $2.01 | $1.50 | $0.99 | $0.51 | $0.00 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| **DENTAL SEALANT** | | | | | | | | | |
| 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 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| **MEDICATIONS**** | | | | | | | | | |
| ACYCLOVIR 400 MG TAB #30 PLUS ** | $3.55 | YES | $3.55 | $2.95 | $2.38 | $1.78 | $1.17 | $0.60 | $0.00 |
| AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS ** | $0.78 | YES | $0.78 | $0.65 | $0.52 | $0.39 | $0.26 | $0.13 | $0.00 |
| BICILLIN L-A ** | $0.04 | YES | $0.04 | $0.03 | $0.03 | $0.02 | $0.01 | $0.01 | $0.00 |
| BIKTARVY PLUS** | $2,494.16 | YES | $2,494.16 | $2,070.15 | $1,671.09 | $1,247.08 | $823.07 | $424.01 | $0.00 |
| CEFTRIAXONE SODIUM (ROCEPHIN) 1 MG** | $1.09 | YES | $1.09 | $0.90 | $0.73 | $0.55 | $0.36 | $0.19 | $0.00 |
| CEFTRIAXONE SODIUM (ROCEPHIN) 500 MG ** | $0.57 | YES | $0.57 | $0.47 | $0.38 | $0.29 | $0.19 | $0.10 | $0.00 |
| CEFTRIAXONE SODIUM (ROCEPHIN)250 MG ** | $0.09 | YES | $0.09 | $0.07 | $0.06 | $0.05 | $0.03 | $0.02 | $0.00 |
| DESCOVY 200 MG-25MG | $915.37 | YES | $915.37 | $759.76 | $613.30 | $457.69 | $302.07 | $155.61 | $0.00 |
| DISPENSING FEE PER MEDICATION | $0.00 | YES | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| DOXYCYCLINE HYCLATE 100 MG 14 CAPS ** | $0.66 | YES | $0.66 | $0.55 | $0.44 | $0.33 | $0.22 | $0.11 | $0.00 |
| DOXYCYCLINE HYCLATE 100 MG 2 CAPS ** | $0.09 | YES | $0.09 | $0.07 | $0.06 | $0.05 | $0.03 | $0.02 | $0.00 |
| DOXYCYCLINE HYCLATE 100 MG 28 CAPS ** | $1.31 | YES | $1.31 | $1.09 | $0.88 | $0.66 | $0.43 | $0.22 | $0.00 |
| EPI-PEN JR (TWO PACK) | $12.97 | YES | $12.97 | $10.77 | $8.69 | $6.49 | $4.28 | $2.20 | $0.00 |
| EPI-PEN-(TWO PACK) | $13.74 | YES | $13.74 | $11.40 | $9.21 | $6.87 | $4.53 | $2.34 | $0.00 |
| FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS ** | $0.89 | YES | $0.89 | $0.74 | $0.60 | $0.45 | $0.29 | $0.15 | $0.00 |
| FLUCONZAOLE | $1.04 | YES | $1.04 | $0.86 | $0.70 | $0.52 | $0.34 | $0.18 | $0.00 |
| FOLIC ACID ** | $1.12 | YES | $1.12 | $0.93 | $0.75 | $0.56 | $0.37 | $0.19 | $0.00 |
| METRONIDAZOLE 500MG (FLAGYL) 14 TABS** | $0.71 | YES | $0.71 | $0.59 | $0.48 | $0.36 | $0.23 | $0.12 | $0.00 |
| METRONIDAZOLE 500MG (FLAGYL) 28 TABS** | $1.44 | YES | $1.44 | $1.20 | $0.96 | $0.72 | $0.48 | $0.24 | $0.00 |
| METRONIDAZOLE 500MG (FLAGYL) 4 TABS** | $0.20 | YES | $0.20 | $0.17 | $0.13 | $0.10 | $0.07 | $0.03 | $0.00 |
| METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)** | $3.04 | YES | $3.04 | $2.52 | $2.04 | $1.52 | $1.00 | $0.52 | $0.00 |
| MICONOZOLE CREAM 2 PER - 45GM | $5.02 | YES | $5.02 | $4.17 | $3.36 | $2.51 | $1.66 | $0.85 | $0.00 |
| NYSTATIN 100,000 U/GM CR 15GM PLUS ** | $0.71 | YES | $0.71 | $0.59 | $0.48 | $0.36 | $0.23 | $0.12 | $0.00 |
| NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM | $1.71 | YES | $1.71 | $1.42 | $1.15 | $0.86 | $0.56 | $0.29 | $0.00 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| PRENATAL VITAMINS** | $2.99 | YES | $2.99 | $2.48 | $2.00 | $1.50 | $0.99 | $0.51 | $0.00 |
| SYMTUZA 30 UNITS** | $2,961.74 | YES | $2,961.74 | $2,458.24 | $1,984.37 | $1,480.87 | $977.37 | $503.50 | $0.00 |
| TERCONAZOLE CREAM 0.4% 45GM** | $7.55 | YES | $7.55 | $6.27 | $5.06 | $3.78 | $2.49 | $1.28 | $0.00 |
| TIVICAY (DOLUTEGRAVIR) ** | $948.31 | YES | $948.31 | $787.10 | $635.37 | $474.16 | $312.94 | $161.21 | $0.00 |
| TRIAMCINOLONE ACETONIDE 0.1 CREAM** | $0.25 | YES | $0.25 | $0.21 | $0.17 | $0.13 | $0.08 | $0.04 | $0.00 |
| TRUVADA PLUS ** | $587.72 | YES | $587.72 | $487.81 | $393.77 | $293.86 | $193.95 | $99.91 | $0.00 |

## 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 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| **VACCINATIONS** | | | | | | | | | |
| HEPATITIS A VACCINE** | $68.19 | NO | | | | | | | |
| HEPATITIS A/ HEPATITIS B (TWINRIX) PER DOSE ** | $105.28 | NO | | | | | | | |
| HEPATITIS B VACCINE - ENGERIX PER DOSE ** | $47.33 | NO | | | | | | | |
| HEPATITIS B VACCINE HEPLISLAV (PER DOSE)** | $126.20 | NO | | | | | | | |
| HIB** | $12.11 | NO | | | | | | | |
| HPV(GARDASIL)** | $281.62 | NO | | | | | | | |
| INFLUENZA VACCINE PLUS ADDITIONAL INJECTION FEE (ADMINISTRATION)** | $17.67 | NO | | | | | | | |
| INJECTION FEE - | $10.00 | NO | | | | | | | |
| 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 | $10.00 | NO | | | | | | | |
| INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN | $65.00 | NO | | | | | | | |
| IPV POLIO (ADULT) PER DOSE** | $37.80 | NO | | | | | | | |
| MENINGOCOCCAL B (BEXSERO) PER DOSE ** | $192.16 | NO | | | | | | | |
| MENINGOCOCCAL B (MENQUADFI) ( PER DOSE)** | $134.90 | NO | | | | | | | |
| MMR-COLLEGE STUDENT (19 YEARS AND OLDER) PER DOSE** | $87.33 | NO | | | | | | | |
| PNEMOCOCCAL (PCV15)** | $209.85 | NO | | | | | | | |
| PNEUMOCOCCAL (PPSV23) PER DOSE** | $107.16 | NO | | | | | | | |
| PNEUMOCOCCAL (PPSV23-CORRECT TO PREVNAR -20) ** | $241.38 | NO | | | | | | | |
| PNEUMOCOCCAL PCV21 | $262.01 | NO | | | | | | | |
| RABIES VACCINE)-PLUS ADMINISTRATION FEES (PER DOSE MAX SIX PER TREATMENT)*** | $322.02 | NO | | | | | | | |
| TDAP (ADULT)*BOOSTRIX-(PER DOSE)** | $39.22 | NO | | | | | | | |
| TYPHOID (INTRAMUSCULAR) (ADULT)** SYRN (1) | $125.35 | NO | | | | | | | |
| VARICELLA (CHICKENPOX0 (ADULT)** | $167.57 | NO | | | | | | | |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***

# MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2025/2026

| DESCRIPTION | FULL FEE | SLIDING FEE | 100% | 83% | 67% | 50% | 33% | 17% | 0% |
|---|---|---|---|---|---|---|---|---|---|
| VARICELLA- SHINGRIX-ADULT-** | $197.06 | NO | | | | | | | |

## 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 |
| FINGERPRINTING | $75.00 | NO |
| FORM - DH 686** | $10.00 | 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 |

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

***** Laboratory, pharmaceuticals, and other supplies and services are subject to vendor price change/additional or alternative services available during contract period. Minor price adjustments authorized to recover cost and local expenses without prior approval.***