

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2025/2026

DESCRIPTION	FULL FEE	SLIDING FEE	0%	17%	33%	50%	67%	83%	100%
<u>FAMILY PLANNING</u>									
FAMILY PLANNING ANNUAL EXAM	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
FAMILY PLANNING COUNSELING	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
FAMILY PLANNING INJECTION FEE	\$15.00	YES	0	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00
FAMILY PLANNING SUPPLY VISIT	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
IUD INSERTION (PLUS COST OF DEVICE)	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
IUD REMOVAL	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
TUBAL LIGATION - PATIENTSHARE MUST BE PAID PRIOR TO PROCEDURE		YES	0						
VASECTOMY (VISIT PLUS CONTRACTED PROCEDURE)- PATIENT SHARE MUST BE PAID PRIOR TO PROCEDURE		YES	0						
<u>PUBLIC HEALTH MEDICINE</u>									
ALL OFFICE VISITS	\$164.06	YES	0	\$27.89	\$54.14	\$82.03	\$109.92	\$136.17	\$164.06
DRAWING/CLINICAL SAMPLE FEE (WITH OR WITHOUT VISIT OR CONSULT)	\$4.00	YES	0	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00

** 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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2025/2026

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

** 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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2025/2026

DESCRIPTION	FULL FEE	SLIDING	0%	17%	33%	50%	67%	83%	100%
		FEE							
<u>LAB</u>									
QD HEMOGLOBIN A1C 496	\$2.00	YES	0	\$0.34	\$0.66	\$1.00	\$1.34	\$1.66	\$2.00
QD HEPATIC FUNCTION PANEL 10256	\$1.16	YES	0	\$0.20	\$0.38	\$0.58	\$0.78	\$0.96	\$1.16
QD HEPATITIS PANEL 6462	\$17.35	YES	0	\$2.95	\$5.73	\$8.68	\$11.62	\$14.40	\$17.35
QD HIV-1/2 ANTIGEN AND ANTIBODIES, FOURTH GENERATION, WITH REF 91431	\$6.80	YES	0	\$1.16	\$2.24	\$3.40	\$4.56	\$5.64	\$6.80
QD HSV -SIMPLEX TYPE 1 OR HSV SIMPLEX TYPE 2** 6447	\$5.00	YES	0	\$0.85	\$1.65	\$2.50	\$3.35	\$4.15	\$5.00
QD LIPID PANEL WITH LDL/HDL RATIO 7600	\$1.75	YES	0	\$0.30	\$0.58	\$0.88	\$1.17	\$1.45	\$1.75
QD MYCOPLASMA GENITALIUM, RRNA, TMA 91475	\$40.00	YES	0	\$6.80	\$15.20	\$20.00	\$26.80	\$33.20	\$40.00
QD RPR DX WITH REFLEX TO TITER AND TREPONEMA PALLIDUM ANTIBODY, IA 36126	\$2.00	YES	0	\$0.34	\$0.66	\$1.00	\$1.34	\$1.66	\$2.00
QD SURESWAB(R) ADVANCED VAGINITIS PLUS, TMA 10120	\$119.61	YES	0	\$20.33	\$39.47	\$59.81	\$80.14	\$99.28	\$119.61
QD THINPREP IMAGING PAP AND APTIMA HPV (MRNA E6-E7) 90933	\$33.41	YES	0	\$5.68	\$11.03	\$16.71	\$22.38	\$27.73	\$33.41
QD THINPREP IMAGING PAP REFLEX APTIMA HPV (MRNA E6-E7) 90934	\$12.60	YES	0	\$2.14	\$4.16	\$6.30	\$8.44	\$10.46	\$12.60
QD TRICHOMONAS VAGINALIS RNA QUALITATIVE TMA, MALES 90801	\$18.00	YES	0	\$3.06	\$5.94	\$9.00	\$12.06	\$14.94	\$18.00
QD TRICHOMONAS VAGINALIS RNA, QUALITATIVE, TMA 19550	\$17.61	YES	0	\$2.99	\$5.81	\$8.81	\$11.80	\$14.62	\$17.61
QD TSH 899	\$2.00	YES	0	\$0.34	\$0.66	\$1.00	\$1.34	\$1.66	\$2.00
QD URIC ACID 905	\$0.88	YES	0	\$0.15	\$0.29	\$0.44	\$0.59	\$0.73	\$0.88
QD URIC ACID 905	\$0.88	YES	0	\$0.15	\$0.29	\$0.44	\$0.59	\$0.73	\$0.88
QD URINALYSIS, COMPLETE, WITH REFLEX TO CULTURE 3020	\$1.50	YES	0	\$0.26	\$0.50	\$0.75	\$1.01	\$1.25	\$1.50
QD URINE CULTURE, ROUTINE 395	\$3.00	YES	0	\$0.51	\$0.99	\$1.50	\$2.01	\$2.49	\$3.00

**** 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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.***

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2025/2026

DESCRIPTION	FULL FEE		SLIDING FEE	0%	17%	33%	50%	67%	83%	100%
	<u>MEDICATIONS**</u>									
ACYCLOVIR 400 MG TAB #30 PLUS **	\$3.55	YES		0	\$0.60	\$1.17	\$1.78	\$2.38	\$2.95	\$3.55
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS **	\$0.78	YES		0	\$0.13	\$0.26	\$0.39	\$0.52	\$0.65	\$0.78
BICILLIN L-A **	\$0.04	YES		0	\$0.01	\$0.01	\$0.02	\$0.03	\$0.03	\$0.04
CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG**	\$1.09	YES		0	\$0.19	\$0.36	\$0.55	\$0.73	\$0.90	\$1.09
CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG **	\$0.57	YES		0	\$0.10	\$0.19	\$0.29	\$0.38	\$0.47	\$0.57
CEFTRIAZONE SODIUM (ROCEPHIN)250 MG **	\$0.09	YES		0	\$0.02	\$0.03	\$0.05	\$0.06	\$0.07	\$0.09
CRYSSELLE**	\$3.38	YES		0	\$0.57	\$1.12	\$1.69	\$2.26	\$2.81	\$3.38
DISPENSING FEE PER MEDICATION	\$0.00	YES		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOXYCYCLINE HYCLATE 100 MG 14 CAPS **	\$0.66	YES		0	\$0.11	\$0.22	\$0.33	\$0.44	\$0.55	\$0.66
DOXYCYCLINE HYCLATE 100 MG 2 CAPS **	\$0.09	YES		0	\$0.02	\$0.03	\$0.05	\$0.06	\$0.07	\$0.09
DOXYCYCLINE HYCLATE 100 MG 28 CAPS **	\$1.31	YES		0	\$0.22	\$0.43	\$0.66	\$0.88	\$1.09	\$1.31
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS **	\$0.89	YES		0	\$0.15	\$0.29	\$0.45	\$0.60	\$0.74	\$0.89
FLUCONAZOLE	\$1.04	YES		0	\$0.18	\$0.34	\$0.52	\$0.70	\$0.86	\$1.04
FOLIC ACID **	\$1.12	YES		0	\$0.19	\$0.37	\$0.56	\$0.75	\$0.93	\$1.12
HEATHER PER PKG **	\$0.55	YES		0	\$0.09	\$0.18	\$0.28	\$0.37	\$0.46	\$0.55
LESSINA PER PKG PLUS ONE DF **	\$3.05	YES		0	\$0.52	\$1.01	\$1.53	\$2.04	\$2.53	\$3.05
LILETTA (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$91.53	YES		0	\$15.56	\$30.20	\$45.77	\$61.33	\$75.97	\$91.53
MEDROXYPROGESTERONE ACETATE (GENERIC) **	\$7.25	YES		0	\$1.23	\$2.39	\$3.63	\$4.86	\$6.02	\$7.25
MEDROXYPROGESTERONE ACETATE-BRAND NAME-DEPO PROVERA **	\$36.21	YES		0	\$6.16	\$11.95	\$18.11	\$24.26	\$30.05	\$36.21
METRONIDAZOLE 500MG (FLAGYL) 14 TABS**	\$0.71	YES		0	\$0.12	\$0.23	\$0.36	\$0.48	\$0.59	\$0.71
METRONIDAZOLE 500MG (FLAGYL) 28 TABS**	\$1.44	Yes		0	\$0.24	\$0.48	\$0.72	\$0.96	\$1.20	\$1.44
METRONIDAZOLE 500MG (FLAGYL) 4 TABS**	\$0.20	Yes		0	\$0.03	\$0.07	\$0.10	\$0.13	\$0.17	\$0.20
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)**	\$3.04	YES		0	\$0.52	\$1.00	\$1.52	\$2.04	\$2.52	\$3.04
MICONOZOLE CREAM 2 PER - 45GM	\$5.02	YES		0	\$0.85	\$1.66	\$2.51	\$3.36	\$4.17	\$5.02

** 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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2025/2026

DESCRIPTION	SLIDING		0%	17%	33%	50%	67%	83%	100%
	FULL FEE	FEE							
<u>MEDICATIONS**</u>									
NEXPLANON DEVICE (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$551.21	YES	0	\$93.71	\$181.90	\$275.61	\$369.31	\$457.50	\$551.21
NORETHINDRONE**	\$0.58	YES	0	\$0.10	\$0.19	\$0.29	\$0.39	\$0.48	\$0.58
NORTREL 1/35 **	\$5.17	YES	0	\$0.88	\$1.71	\$2.59	\$3.46	\$4.29	\$5.17
NORTREL 777 PER PKG PLUS ONE **	\$1.92	YES	0	\$0.33	\$0.63	\$0.96	\$1.29	\$1.59	\$1.92
NYSTATIN 100,000 U/GM CR 15GM PLUS **	\$0.71	YES	0	\$0.12	\$0.23	\$0.36	\$0.48	\$0.59	\$0.71
NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM	\$1.71	YES	0	\$0.29	\$0.56	\$0.86	\$1.15	\$1.42	\$1.71
PARAGARD IUD- DEVICE - ADDITIONAL OFFICE VISIT(S) REQUIRED**	\$298.23	YES	0	\$50.70	\$98.42	\$149.12	\$199.81	\$247.53	\$298.23
PLAN B -ONE STEP	\$29.58	YES	0	\$5.03	\$9.76	\$14.79	\$19.82	\$24.55	\$29.58
PRENATAL VITAMINS**	\$2.99	YES	0	\$0.51	\$0.99	\$1.50	\$2.00	\$2.48	\$2.99
RECLIPSEN PER PKG **	\$3.40	YES	0	\$0.58	\$1.12	\$1.70	\$2.28	\$2.82	\$3.40
TERCONAZOLE CREAM 0.4% 45GM**	\$7.55	YES	0	\$1.28	\$2.49	\$3.78	\$5.06	\$6.27	\$7.55
TRIAMCINOLONE ACETONIDE 0.1 CREAM**	\$0.25	YES	0	\$0.04	\$0.08	\$0.13	\$0.17	\$0.21	\$0.25
TRI-LO-MARCIA PER PKG (NORGESTIMATE ETHINYL ESTRADIOL)**	\$0.67	YES	0	\$0.11	\$0.22	\$0.34	\$0.45	\$0.56	\$0.67
TRI-SPRINTEC PER PKG **	\$1.55	YES	0	\$0.26	\$0.51	\$0.78	\$1.04	\$1.29	\$1.55
VAGINAL RING -NUVA RING- PER RING PLUS ONE**	\$444.13	YES	0	\$75.50	\$146.56	\$222.07	\$297.57	\$368.63	\$444.13

**** 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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.***