

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING	100%	83%	67%	50%	33%	17%	0%	
		FEE								
<b><u>COMMUNICABLE DISEASE</u></b>										
ALL OFFICE VISITS	\$163.26	YES	\$163.26	\$135.51	\$109.38	\$81.63	\$53.88	\$27.75	\$0.00	
H I V COUNSELING/TESTING PLUS LABS AND/OR HIV RAPID HEP C	\$40.00	YES	\$40.00	\$33.20	\$26.80	\$20.00	\$13.20	\$6.80	\$0.00	
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	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00	
STD - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO								
TB - CONTACT INTERVIEW - DOES NOT INCLUDE LABS OR TREATMENT	\$0.00	NO								
TB ASSESSMENT AND TARGETED TESTING UNDER PROTOCOL	\$163.26	YES	\$163.26	\$135.51	\$109.38	\$81.63	\$53.88	\$27.75	\$0.00	
TB SCREENING AND SKIN TEST AS PART OF A MEDICAL VISIT	\$25.00	YES	\$25.00	\$20.75	\$16.75	\$12.50	\$8.25	\$4.25	\$0.00	
TB SYMPTOM ASSESSMENT	\$25.00	YES	\$25.00	\$20.75	\$16.75	\$12.50	\$8.25	\$4.25	\$0.00	
<b><u>PUBLIC HEALTH MEDICINE</u></b>										
ALL OFFICE VISITS	\$163.26	YES	\$163.26	\$135.51	\$109.38	\$81.63	\$53.88	\$27.75	\$0.00	
INJECTION FEE (VACCINATION) FEE APPLIES TO ADULTS AND IS IN ADDITION TO MEDICATION ADMINISTERED. CHILDREN ONLY CHARGED IN THE CASE OF OPTIONAL INTERNATIONAL VACCINATIONS	\$15.00	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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING FEE	100%	83%	67%	50%	33%	17%	0%	
<b><u>LABORATORY</u></b>										
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	
AMPLIFIED GC/GT	\$12.00	YES	\$12.00	\$9.96	\$8.04	\$6.00	\$3.96	\$2.04	\$0.00	
CBC WITH DIFFERENTIAL PLATLET	\$1.10	YES	\$1.10	\$0.91	\$0.74	\$0.55	\$0.36	\$0.19	\$0.00	
COMPLETE METABOLIC PANEL	\$1.51	YES	\$1.51	\$1.25	\$1.01	\$0.76	\$0.50	\$0.26	\$0.00	
HEP C AB W/REFL HCV (QUEST) TEST	\$2.80	YES	\$2.80	\$2.32	\$1.88	\$1.40	\$0.92	\$0.48	\$0.00	
HEPATITIS PANEL (QUEST) TEST	\$17.35	YES	\$17.35	\$14.40	\$11.62	\$8.68	\$5.73	\$2.95	\$0.00	
HSV -SIMPLEX TYPE 1 AND HSV SIMPLEX TYPE 2	\$5.00	YES	\$5.00	\$4.15	\$3.35	\$2.50	\$1.65	\$0.85	\$0.00	
QUEST BASIC METABOLIC PANEL (8)	\$1.21	YES	\$1.21	\$1.00	\$0.81	\$0.61	\$0.40	\$0.21	\$0.00	
QUEST HCG BETA, SUBUNIT,QNT	\$4.50	YES	\$4.50	\$3.74	\$3.02	\$2.25	\$1.49	\$0.77	\$0.00	
QUEST HEMOGLOBIN A1C	\$2.00	YES	\$2.00	\$1.66	\$1.34	\$1.00	\$0.66	\$0.34	\$0.00	
QUEST HIV 1/2 ANTIGEN/ANTIBODY,FOURTH GENERATION W/RFL	\$6.80	YES	\$6.80	\$5.64	\$4.56	\$3.40	\$2.24	\$1.16	\$0.00	
QUEST LIPID PANEL WITH LDL/HDL RATIO	\$1.75	YES	\$1.75	\$1.45	\$1.17	\$0.88	\$0.58	\$0.30	\$0.00	
QUEST URIC ACID	\$0.88	YES	\$0.88	\$0.73	\$0.59	\$0.44	\$0.29	\$0.15	\$0.00	
QUEST URINE CULTURE, ROUTINE	\$1.50	YES	\$3.00	\$2.49	\$2.01	\$1.50	\$0.99	\$0.51	\$0.00	
QUEST URINALYSIS, COMPLETE W/REF CUL	\$1.50	yes	\$3.00	\$2.49	\$2.01	\$1.50	\$0.99	\$0.51	\$0.00	
RPR/CONFIRMATORY	\$2.00	YES	\$2.00	\$1.66	\$1.34	\$1.00	\$0.66	\$0.34	\$0.00	
<b><u>DENTAL SEALANT</u></b>										
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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING	100%	83%	67%	50%	33%	17%	0%	
		FEE								
<b>MEDICATIONS**</b>										
DISPENSING FEE PER MEDICATION	\$4.00	YES	\$4.00	\$3.32	\$2.68	\$2.00	\$1.32	\$0.68	\$0.00	
ACYCLOVIR 400 MG TAB #30 PLUS	\$1.20	YES	\$1.20	\$1.00	\$0.80	\$0.60	\$0.40	\$0.20	\$0.00	
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS	\$0.16	YES	\$0.16	\$0.13	\$0.11	\$0.08	\$0.05	\$0.03	\$0.00	
BICILLIN L-A	\$0.02	YES	\$0.02	\$0.02	\$0.01	\$0.01	\$0.01	\$0.00	\$0.00	
BIKTARVY PLUS	\$2,469.00	YES	\$2,469.00	\$2,049.27	\$1,654.23	\$1,234.50	\$814.77	\$419.73	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN)250 MG	\$0.48	YES	\$0.48	\$0.40	\$0.32	\$0.24	\$0.16	\$0.08	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG	\$0.58	YES	\$0.58	\$0.48	\$0.39	\$0.29	\$0.19	\$0.10	\$0.00	
CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG	\$0.38	YES	\$0.38	\$0.32	\$0.25	\$0.19	\$0.13	\$0.06	\$0.00	
DESCOVY 200 MG-25MG	\$876.60	YES	\$876.60	\$727.58	\$587.32	\$438.30	\$289.28	\$149.02	\$0.00	
DOXYCYCLINE HYCLATE 100 MG 14 CAPS	\$0.18	YES	\$0.18	\$0.15	\$0.12	\$0.09	\$0.06	\$0.03	\$0.00	
DOXYCYCLINE HYCLATE 100 MG 2 CAPS	\$0.03	yes	\$0.03	\$0.02	\$0.02	\$0.02	\$0.01	\$0.01	\$0.00	
EPI-PEN JR (TWO PACK)	\$23.74	YES	\$23.74	\$19.70	\$15.91	\$11.87	\$7.83	\$4.04	\$0.00	
EPI-PEN-(TWO PACK)	\$24.60	YES	\$24.60	\$20.42	\$16.48	\$12.30	\$8.12	\$4.18	\$0.00	
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS	\$0.90	YES	\$0.90	\$0.75	\$0.60	\$0.45	\$0.30	\$0.15	\$0.00	
FLUCONZAOLE	\$0.72	YES	\$0.72	\$0.60	\$0.48	\$0.36	\$0.24	\$0.12	\$0.00	
FOLIC ACID	\$1.13	YES	\$1.13	\$0.94	\$0.76	\$0.57	\$0.37	\$0.19	\$0.00	
METRONIDAZOLE 500MG (FLAGYL) 14 TABS	\$0.81	YES	\$0.81	\$0.67	\$0.54	\$0.41	\$0.27	\$0.14	\$0.00	
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)	\$2.75	YES	\$2.75	\$2.28	\$1.84	\$1.38	\$0.91	\$0.47	\$0.00	
MICONOZOLE CREAM 2 PER - 45GM	\$3.48	YES	\$3.48	\$2.89	\$2.33	\$1.74	\$1.15	\$0.59	\$0.00	
NYSTATIN 100,000 U/GM CR 15GM PLUS	\$0.86	YES	\$0.86	\$0.71	\$0.58	\$0.43	\$0.28	\$0.15	\$0.00	
NYSTATIN AND TRIAMCINOLONE ACETONIDE CREAM	\$0.86	YES	\$0.86	\$0.71	\$0.58	\$0.43	\$0.28	\$0.15	\$0.00	
NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM	\$1.77	YES	\$1.77	\$1.47	\$1.19	\$0.89	\$0.58	\$0.30	\$0.00	
PRENATAL VITAMINS	\$2.13	YES	\$2.13	\$1.77	\$1.43	\$1.07	\$0.70	\$0.36	\$0.00	
SYMITUZA 30 UNITS	\$2,880.60	YES	\$2,880.60	\$2,390.90	\$1,930.00	\$1,440.30	\$950.60	\$489.70	\$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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING	100%	83%	67%	50%	33%	17%	0%
		FEE							
TERCONAZOLE CREAM 0.4% 45GM	\$7.73	YES	\$7.73	\$6.42	\$5.18	\$3.87	\$2.55	\$1.31	\$0.00
TIVICAY (DOLUTEGRAVIR)	\$912.45	YES	\$912.45	\$757.33	\$611.34	\$456.23	\$301.11	\$155.12	\$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	\$565.20	YES	\$565.20	\$469.12	\$378.68	\$282.60	\$186.52	\$96.08	\$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, INITIAL	\$60.00	NO
BREASTFEEDING COUNSELING(ADDITIONAL 15 MINUTE UNIT UNIT)	\$32.50	NO
BREASTFEEDING COUNSELING, FOLLOW-UP	\$30.00	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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING FEE	100%	83%	67%	50%	33%	17%	0%	
<b><u>VACCINATIONS*</u></b>										
INTERNATIONAL TRAVEL NURSE CONSULT AND PLAN	\$65.00	NO								
INJECTION FEE -	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00	
HEPATITIS A VACCINE**	\$65.60	NO								
HEPATITIS A/ HEPATITIS B (TWINRIX) PER DOSE	\$100.34	NO								
HEPATITIS B VACCINE - ENGERIX PER DOSE	\$45.54	NO								
HEPATITIS B VACCINE HEPLISLAV (PER DOSE)	\$119.66	NO								
HEPATITIS B VACCINE PREHEVBRIO (PER DOSE)	\$33.80	NO								
HIB	\$11.89	NO								
HPV(GARDASIL)	\$263.24	NO								
INFLUENZA VACCINE PLUS ADDITIONAL INJECTION FEE (ADMINISTRATION)	\$17.67	YES	\$17.67	\$14.67	\$11.84	\$8.84	\$5.83	\$3.00	\$0.00	
IPV POLIO (ADULT) PER DOSE	\$39.09	NO								
MENINGOCOCCAL B (BEXSERO) PER DOSE	\$181.32	NO								
MENINGOCOCCAL B (MENQUADFI) ( PER DOSE)	\$152.90	NO								
MMR (19 YEARS AND OLDER) PER DOSE	\$84.85	NO								
PNEMOCOCCAL (PCV15)	\$203.76	NO								
PNEUMOCOCCAL (PPSV23) PER DOSE	\$107.16	NO								
PNEUMOCOCCAL (PREVNAR -20)	\$229.92	NO								
RABIES VACCINE (RABAVERT) -PLUS ADMINISTRATION FEES (PER DOSE - SIX PER TREATMENT)	\$322.02	NO								
TDAP (ADULT) ADACEL-(PER DOSE)	\$43.97	NO								
TDAP (ADULT) BOOSTRIX-(PER DOSE)	\$38.14	NO								
TYPHOID (INTRAMUSCULAR) (ADULT) -SYRN (1)	\$127.77	NO								
VARICELLA (CHICKENPOX) (ADULT)	\$159.62	NO								
VARICELLA- SHINGRIX-ADULT	\$180.95	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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.

**MARTIN COUNTY HEALTH DEPARTMENT FEE SCHEDULE 2024/2025**

DESCRIPTION	FULL FEE	SLIDING	100%	83%	67%	50%	33%	17%	0%	
		FEE								
<b><u>OTHER SERVICES</u></b>										
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								
FORM- COLLEGE	\$25.00	NO								
FORM COMPLETION (ONE TO TWO PAGES)	\$25.00	NO								
FORM- DH 680	\$10.00	NO								
PLAN UPDATE OR REVISION (COMPREHENSIVE EMERGENCY MANAGEMENT PLAN)	\$100.00	NO								
PREGNANCY TEST URINE - (IF NOT PART OF AN EXAM)	\$15.00	YES	\$15.00	\$12.45	\$10.05	\$7.50	\$4.95	\$2.55	\$0.00	
SOCIAL SERVICES EDUCATION AND COUNSELING	\$55.00	NO								
TB GOLD TESTING (QUANTIFERON) EMPLOYMENT/SCHOOL	\$25.00	NO								
TB SKIN TEST (EMPLOYMENT)	\$25.00	NO								
NONSUFFICIENT FEES (NSF) CHARGE PLUS PERCENT OF FACE VALUE AND FEES IF APPROPRIATE	\$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. Medication fee based on rate of state contract plus \$4.00 dispensing fee.*