

MARTIN COUNTY HEALTH DEPARTMENT FAMILY PLANNING SERVICES FEE SCHEDULE 2024/2025

DESCRIPTION	FULL FEE	SLIDING FEE	0%	17%	33%	50%	67%	83%	100%
<u>FAMILY PLANNING</u>									
FAMILY PLANNING ANNUAL EXAM	\$163.26	YES	0	\$27.75	\$53.88	\$81.63	\$109.38	\$135.51	\$163.26
FAMILY PLANNING COUNSELING	\$163.26	YES	0	\$27.75	\$53.88	\$81.63	\$109.38	\$135.51	\$163.26
FAMILY PLANNING INJECTION FEE	\$15.00	YES	0	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00
FAMILY PLANNING SUPPLY VISIT	\$163.26	YES	0	\$27.75	\$53.88	\$81.63	\$109.38	\$135.51	\$163.26
IUD INSERTION (PLUS COST OF DEVICE)	\$163.26	YES	0	\$27.75	\$53.88	\$81.63	\$109.38	\$135.51	\$163.26
IUD REMOVAL	\$163.26	YES	0	\$27.75	\$53.88	\$81.63	\$109.38	\$135.51	\$163.26
TUBAL LIGATION - PATIENTSHARE MUST BE PAID PRIOR TO PROCEDURE (ACTUAL COST DETERMINED UPON SCHEDULING)		YES	0	TBD	TBD	TBD	TBD	TBD	TBD
VASECTOMY (VISIT PLUS CONTRACTED PROCEDURE)- PATIENT SHARE MUST BE PAID PRIOR TO PROCEDURE (ACTUAL COST DETERMINED UPON SCHEDULING)		YES	0	TBD	TBD	TBD	TBD	TBD	TBD

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

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<u>MEDICATIONS**</u>									
DISPENSING FEE PER MEDICATION	\$4.00	YES	0	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00
ACYCLOVIR 400 MG TAB #30 PLUS	\$1.20	YES	0	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20
AZITHROMYCIN (ZITHROMAX) 250 MG 4 PLUS	\$0.16	YES	0	\$0.03	\$0.05	\$0.08	\$0.11	\$0.13	\$0.16
BICILLIN L-A	\$0.02	YES	0	\$0.00	\$0.01	\$0.01	\$0.01	\$0.02	\$0.02
CEFTRIAZONE SODIUM (ROCEPHIN) 1 MG	\$0.38	YES	0	\$0.06	\$0.13	\$0.19	\$0.25	\$0.32	\$0.38
CEFTRIAZONE SODIUM (ROCEPHIN) 500 MG	\$0.58	YES	0	\$0.10	\$0.19	\$0.29	\$0.39	\$0.48	\$0.58
CEFTRIAZONE SODIUM (ROCEPHIN)250 MG	\$0.48	YES	0	\$0.08	\$0.16	\$0.24	\$0.32	\$0.40	\$0.48
CRYSELLE	\$3.35	YES	0	\$0.57	\$1.11	\$1.68	\$2.24	\$2.78	\$3.35
DOXYCYCLINE HYCLATE 100 MG 2 CAPS	\$0.03	yes	0	\$0.01	\$0.01	\$0.02	\$0.02	\$0.02	\$0.03
DOXYCYCLINE HYCLATE 100 MG 14 CAPS	\$0.18	YES	0	\$0.03	\$0.06	\$0.09	\$0.12	\$0.15	\$0.18
FERROUS SULFATE 325 MG UD (BOX OF 100) PLUS	\$0.90	YES	0	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90
FLUCONAZOLE	\$0.72	YES	0	\$0.12	\$0.24	\$0.36	\$0.48	\$0.60	\$0.72
FOLIC ACID	\$1.13	YES	0	\$0.19	\$0.37	\$0.56	\$0.76	\$0.94	\$1.13
LESSINA PER PKG PLUS ONE DF	\$3.30	YES	0	\$0.56	\$1.09	\$1.65	\$2.21	\$2.74	\$3.30
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)	\$11.15	YES	0	\$1.90	\$3.68	\$5.58	\$7.47	\$9.25	\$11.15
MEDROXYPROGESTERONE ACETATE-BRAND NAME-DEPO PROVERA	\$36.96	YES	0	\$6.28	\$12.20	\$18.48	\$24.76	\$30.68	\$36.96
METRONIDAZOLE 500MG (FLAGYL) 14 TABS	\$0.81	YES	0	\$0.14	\$0.27	\$0.41	\$0.54	\$0.67	\$0.81
METRONIDAZOLE VAGINAL GEL 0.75% 70 PLUS (METRO GEL)	\$2.75	YES	0	\$0.47	\$0.91	\$1.38	\$1.84	\$2.28	\$2.75
MICONOZOLE CREAM 2 PER - 45GM	\$3.48	YES	0	\$0.59	\$1.15	\$1.74	\$2.33	\$2.89	\$3.48
NEXPLANON DEVICE (SUPPLY ONLY) - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$545.15	YES	0	\$92.68	\$179.90	\$272.58	\$365.25	\$452.47	\$545.15
NORETHINDRONE	\$1.31	YES	0	\$0.22	\$0.43	\$0.66	\$0.88	\$1.09	\$1.31
NORTREL 1/35	\$5.02	YES	0	\$0.85	\$1.66	\$2.51	\$3.36	\$4.17	\$5.02
NORTREL 777 PER PKG PLUS ONE	\$2.43	YES	0	\$0.41	\$0.80	\$1.22	\$1.63	\$2.02	\$2.43

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NYSTATIN 100,000 U/GM CR 15GM PLUS	\$0.86	YES	0	\$0.15	\$0.28	\$0.43	\$0.58	\$0.71	\$0.86
NYSTATIN AND TRIAMCINOLONE ACETONIDE CREAM	\$0.86	YES	0	\$0.15	\$0.28	\$0.43	\$0.58	\$0.71	\$0.86
NYSTATIN TRIAMCINOLONE ACETONIDE 1 GM	\$1.77	YES	0	\$0.30	\$0.58	\$0.89	\$1.19	\$1.47	\$1.77
PARAGARD IUD- DEVICE - ADDITIONAL OFFICE VISIT(S) REQUIRED	\$248.16	YES	0	\$42.19	\$81.89	\$124.08	\$166.27	\$205.97	\$248.16
PLAN B -ONE STEP	\$29.75	YES	0	\$5.06	\$9.82	\$14.88	\$19.93	\$24.69	\$29.75
PRENATAL VITAMINS	\$2.13	YES	0	\$0.36	\$0.70	\$1.07	\$1.43	\$1.77	\$2.13
RECLIPSEN PER PKG	\$6.93	YES	0	\$1.18	\$2.29	\$3.47	\$4.64	\$5.75	\$6.93
TERCONAZOLE CREAM 0.4% 45GM	\$7.73	YES	0	\$1.31	\$2.55	\$3.87	\$5.18	\$6.42	\$7.73
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)	\$1.10	YES	0	\$0.19	\$0.36	\$0.55	\$0.74	\$0.91	\$1.10
TRI-SPRINTEC PER PKG	\$1.62	YES	0	\$0.28	\$0.53	\$0.81	\$1.09	\$1.34	\$1.62
VAGINAL RING -NUVA RING- PER RING PLUS ONE	\$0.03	YES	0	\$0.01	\$0.01	\$0.02	\$0.02	\$0.02	\$0.03
<u>OTHER SERVICES</u>									
PREGNANCY TEST URINE - (IF NOT PART OF AN EXAM)	\$15.00	YES	0	\$2.55	\$4.95	\$7.50	\$10.05	\$12.45	\$15.00

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