

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	1 (Part 1)	<b>SUBJECT</b>	Immunization Program
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	5/8/08
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/18/09</b>
<b>BOC ADOPTED DATE</b>	1/26/1999	<b>BOC RATIFICATION DATE</b>	

Service	Fee
Dtap, TD, or DT- Children and Students	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Td/Tdap- Adult	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Injectable Polio Vaccine/ Oral Polio Vaccine – Children, Students, Susceptible Adults, Adults for Foreign Travel	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Measles/Mumps/Rubella- Children, Students, Required College Booster, Adults for Foreign Travel, Susceptible Adults	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Influenza	\$25
<b>Pneumococcal</b>	<b>\$12 Administration Fee and Vaccine Costs +10%</b>
Prevnar	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Tuberculin Tests- Children, Requirement of Volunteer, Paid or Unpaid position	\$10
HIB Vaccine – Children	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
Hepatitis B Vaccine – Children through 18 years	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)
<b>Hepatitis B Vaccine – age 19 years</b>	<b>\$12 Administration Fee and Vaccine Costs +10%</b>
<b>Hepatitis B Vaccine – age 20 years and older</b>	<b>\$12 Administration Fee and Vaccine Costs + 10%</b>
Hepatitis A – 12 months – Age 18	\$12 Administration Fee and Vaccine Costs +10% (unless covered by VFC/VRP)
Hepatitis A - age 19 years and older	\$12 Administration Fee and Vaccine Costs + 10% (unless covered by VFC/VRP)

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health/Board of Commissioners.

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

SECTION	1 (Part 2)	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	<b>1/1/2010</b>	LAST REVIEW	<b>12/17/09</b>
DATE ESTABLISHED	1/26/1999	LAST REVISION DATE	<b>12/17/09</b>
BOH ADOPTED DATE	1/15/1999	BOH ADOPTED DATE	<b>12/18/09</b>
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Service	Fee
Varicella – Age 12 months through age 18	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by VFC/VRP)
Varicella- Age 19 and older	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by VFC/VRP)
Pediarix	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by VFC/VRP)
Rotovirus	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by VFC/VRP)
ProQuad	\$12 Administration Fee and Vaccine Cost + 10%
RIG(Rabies Immune Globulin)	\$12 Administration Fee and Vaccine Cost + 10%
Rabies - Pre-Exposure/ Post-Exposure	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by MDCH)
Rabies - Titer	\$12 per titer
Meningococcal Vaccine (Menomune)	\$12 Administration Fee and Vaccine Cost + 10% (unless covered by MDCH)
Menactra Vaccine	\$12 Administration Fee and Vaccine Cost + 10%
Green Immunization Record - Initial	Free
Green Immunization Record - Copy	\$2
Gardasil	\$12 Administration Fee and Vaccine Cost + 10%

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	2	<b>SUBJECT</b>	EPSDT Program
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	1/1/2010	<b>LAST REVIEW</b>	12/17/09
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	12/17/09
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	12/18/09
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Service	Fee
Immunizations	See Immunization Fee Schedule
Vision	\$16 – Charged only if Assessment is not done.
Hearing (Audio/Objective)	\$12
Denver	\$15
Hemoglobin	\$5
Tuberculin Tests – Children	\$10
Venipuncture	\$5
EPSDT Urine	\$2
New Assessment – Under Age 1 [99381]	\$94
Established Assessment – Under Age 1 [99391]	\$72
New Assessment- Age 1- 4 [99382]	\$101
Established Assessment – Age 1- 4 [99392]	\$80
New Assessment- Age 5- 11 [99383]	\$99
Established Assessment – Age 5- 11 [99393]	\$79
New Assessment- Age 12- 17 [99384]	\$108
Established Assessment – Age 12- 17 [99394]	\$87
New Assessment- Age 18 & Over [99385]	\$108
Established Assessment – Age 18 & Over [99395]	\$88
Sickle Cell	No Charge

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	3 (Part 1)	<b>SUBJECT</b>	Family Planning
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/18/09</b>
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Service	Fee
Initial Exam (ages 5 – 11) [99383]	\$100
Initial Exam (ages 12 – 17) [99384]	\$120
Initial Exam (ages 18 – 39) [99385]	\$120
Initial Exam (ages 40 – 64) [99386]	\$140
Established Exam (ages 5 – 11) [99393]	\$80
Established Exam (ages 12 – 17) [99394]	\$90
Established Exam (ages 18 – 39) [99395]	\$95
Established Exam (ages 40 – 64) [99396]	\$100
Initial Office Visit – Problem Focused [99201]	\$35
Initial Office Visit – Expanded Problem Focused [99202]	\$60
Initial Office Visit – Detailed [99203]	\$85
Initial Office Visit – Comprehensive Moderate Complexity [99204]	\$120
Initial Office Visit – Comprehensive High Complexity [99205]	\$160
Established Office Visit – RN [99211]	\$20
Established Office Visit – MLP-Problem Focused[99212]	\$35
Established Office Visit – MLP-Expanded Problem Focused [99213]	\$45
Pregnancy Test [81025]	\$15
Counseling [89020]	\$15
Hematology [85018QW]	\$10

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners.

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	3 (Part 2)	<b>SUBJECT</b>	Family Planning
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/18/09</b>
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Service	Fee
Urinalysis [81000]	\$10
Wet Mount [87210]	\$15
GC - Probetec [87850] High Risk	Actual Cost of Test, unless free from MDCH
Chlamydia - Probetec [86631] High Risk	Actual Cost of Test, unless free from MDCH
VDRL [84703QW]	Actual Cost of Test, unless free from MDCH
Viral Culture [87082]	Actual Cost of Test, unless free from MDCH
Terazol [Z8005]	\$15
Flagyl 4 Tabs [Z8090]	Actual Cost of Drug, unless free from MDCH
Flagyl 14 Tabs [Z8091]	Actual Cost of Drug, unless free from MDCH
Doxycycline [Z8068]	Actual Cost of Drug, unless free from MDCH
Zithromax 6 caps [Z8076]	Actual Cost of Drug, unless free from MDCH
Zithromax Suspension 1 gm. [ Q0144]	Actual Cost of Drug, unless free from MDCH
Suprax	Actual Cost of Drug, unless free from MDCH
Vantin	Actual Cost of Drug, unless free from MDCH
Depo Provera [J1055]	\$45
Evra Patch	\$25
Micronor	\$18

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**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	3 (Part3)	<b>SUBJECT</b>	Family Planning
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/17/09</b>
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Service	Fee
Alesse [S4993]	\$18Pack
Diaphragm [A4266]	\$20
Male Condom [A4267]	\$4.20
Female Condom [A4268]	\$1.50
Jelly [A4269]	\$10
Nuva Ring [J7303] Nuva Ring	\$40 Actual Cost of Drug
Diflucan [Z8060]	\$5
Ortho Novum 777 [S4993]	\$18/pack
Ortho Novum 1/35 [S4993]	\$18/pack
Ortho Novum 1/50 [S4993]	\$18/pack
Ortho-cyclen [S4993]	\$18/pack
Triphasil [S4993]	\$18/pack
Nordette [S4993]	\$18/pack
Tri Cyclen [S4993]	\$18/pack
Lo Ovral [S4993]	\$18/pack
Ortho Tricyclen LO	\$18/pack
TCA Wart Treatment	\$15.00
Plan B [Z8506]	\$15/pack
IUD [S4989]	Actual Cost of Device
IUD Insertion [58300] IUD Removal [58301]	Actual cost according to Contract
Rocephin Injection (Ceftriaxone)	\$15

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	4	<b>SUBJECT</b>	Maternal Infant Support Program (Maternal Infant Health Program)
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
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Service	Fee
MSS Office Enrollment	\$85
MSS Home Enrollment	\$105
MSS Home Visit	\$95
MSS Office Visit	\$70
ISS Home Enrollment	\$105
ISS Home Visit	\$95
ISS Office Visit	\$70
ISS Visit Drug Exposed Infant	\$95
Childbirth Education Series	\$35
MIHP Risk Assessments	\$20

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Provider as long as they are delineated in a contract which is approved by the Tuscola County Board of Health and the Tuscola Board of Commissioners.

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	5	<b>SUBJECT</b>	Miscellaneous Fees
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/18/09</b>
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Service	Fee
Well Child Screen	\$35 1 <sup>st</sup> Child \$30 2 <sup>nd</sup> Child
Lead	\$25
Immune Status Titers: FB146 – Medical/Nursing Student – Measles, Mumps, Rubella, Anti-HBs, Varicella Zoster FB147- Health Care Worker – Measles, Mumps, Rubella, Varicella Zoster	Actual Cost of Lab Tests/Kits (when test kits available)
Lead Nursing Home Visit – First Visit	\$85
Lead Nursing Home Visit – Second Visit	\$85
Lead Environmental Health Home Visit – First Visit	\$205
Lead Environmental Health Home Visit –Second Visit	\$155
Court Ordered Testing	\$141
Public Health Nurse/Health Educator Presentation	\$75/Hour (min. 1 hour charge)
Disinterment/Reinterment Permit	\$10
Record Copy Cost (per page)	25¢ per page
Breast and Cervical Cancer Control Program (BCCCP); FP/BCCCP And WISEWOMAN Program	Fees Established by the State

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	6 (Part 1)	<b>SUBJECT</b>	Environmental Health
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	<b>12/17/09</b>
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	<b>12/17/09</b>
<b>BOH ADOPTED DATE</b>	1/15/1999	<b>BOH ADOPTED DATE</b>	<b>12/18/09</b>
<b>BOC ADOPTED DATE</b>	1/26/1999 plus BOC motion 99-M-023 for Detroit CPI adjustment	<b>BOC RATIFICATION DATE</b>	

<b>Food Service – Profit and Non Profit effective 10/1/08</b>	<b>Fee</b>
New License (Fixed)	\$403 + State Fees
Renewal (Fixed)	\$350 + State Fees
Mobile	\$206 + State Fees
Temporary Food	\$58 + State Fees
Vending Site	\$58 + State Fees
Special Transitory Food (STFU)	\$100 + State Fees
STFU	\$100
STFU Inspection fee for each requested inspection	\$90
Change of Ownership Inspection	\$309
Full Plan Review Fee	\$309
Formal Hearing	\$334
Partial Plan Review Fee	\$155
Operation Prior to License Application - Fixed/Temporary/Vending	2 x License Fee
Food Service License Late Fee - Fixed/Mobile/Transitory	\$141 per month (1 <sup>st</sup> day of each month)
Construction/Alteration Prior to Plan Approval	2 x Normal Fee
Change of Ownership Inspection Late Fee	2 x Normal Fee
Second Follow-up Inspection Same Violation	\$93
Additional Follow-up Inspections - Same Violations	\$172
School Second Inspection Serving Site Only – Inspection	\$162 \$ 82

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	6 (Part 2)	<b>SUBJECT</b>	Environmental Health
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	12/17/09
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	12/17/09
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Sewage – effective 10/1/08	Fee
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Application	\$300
Relocation	\$160
Permit Transfer	\$22
Systems Installed Without Permit	3 x Application Fee
Commercial- Less than 2,000 gal/day	\$345
Commercial- Greater than 2,000 gal/day	\$458
Sewage Contractor=s License - New	\$172
Sewage Contractor=s License - Renewal	\$60
Septic Tank Only application	\$200

Water Wells	Fee
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Residential/Type III Application	\$202
Type II Application	\$309
Water Wells Installed Without Permit	3 x Application Fee
Type II Monitoring Collections	\$11 + Lab Fee
Permit Transfer	\$22
Expired Permit Sampling Fee	\$27

Body Art Inspections	Fee
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<b>Body Art Inspection Fee</b>	<b>\$237</b>
<b>Follow-up Inspections</b>	<b>\$156</b>
<b>Temporary Fee</b>	<b>\$237</b>
<b>Plan Review</b>	<b>\$216</b>

**TUSCOLA COUNTY HEALTH DEPARTMENT  
FEE SCHEDULE**

<b>SECTION</b>	6 (Part 3)	<b>SUBJECT</b>	Environmental Health
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
<b>EFFECTIVE DATE</b>	<b>1/1/2010</b>	<b>LAST REVIEW</b>	12/17/09
<b>DATE ESTABLISHED</b>	1/26/1999	<b>LAST REVISION DATE</b>	12/17/09
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<b>DHS/MDCIS – effective 10/1/08</b>	<b>Fee</b>
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Full Inspection (Part A & B)	\$287
Partial (Part A or B)	\$202
Plan Review	\$309
Partial Plan Review	\$155

<b>Land Division/Subdivision/Site Condominiums/Proposed Mobile Home Parks/ Proposed Campgrounds/Proposed Cemeteries</b>	<b>Fee</b>
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Raw Land Evaluations (Applied toward preliminary plat if submitted)	\$361 up to 20 acres \$115 Up to 10 acres addition
Land Division (Per Parcel)	\$206
Preliminary Plat	\$403(additional \$20/lot above 4 lots)

<b>Other Services</b>	<b>Fee</b>
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Sewer and Water Evaluation Fee	\$287
Campground Inspection Fee	\$172 + State Fee
Temporary Campground Inspection Fee	\$ 91 + State Fee (1-25 sites) \$ 102 + State Fee (26-50 sites) \$113 +State Fee (51-75 sites) \$124 +State Fee (76-100 sites) \$138 +State Fee (101-500 sites) \$173 +State Fee (500 + sites)
Usage Approval Application	\$145
Public Swimming Pool Inspection Fee	\$93 + State Fee
Appeals Board Application	\$309
Raw Land Evaluation for single residential usage	\$180
Requested Evaluation (Water/Soil/Other)	\$58+ Lab Fee
Radon Test Kits	\$10 Charcoal / \$15 Alpha Tracker

**FEE SCHEDULE**

<b>SECTION</b>	7	<b>SUBJECT</b>	Sexually Transmitted Disease
<b>PURPOSE</b>	To establish fees to be charged for services rendered.		
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<b>Service</b>	<b>Fee</b>
New Client – Office Visit – Problem Focused	\$35.00
New Client – Office Visit – Expanded Problem	\$60.00
Established Client – Office Visit – Nursing Intervention	\$20.00
Established Client – Office Visit – Problem Focused	\$35.00
Laboratory – Pregnancy Test	\$15.00
TCA Wart Treatment	\$15.00
Laboratory – Viral Culture	Actual cost of test unless free from MDCH
Laboratory - Serology/VDRL	Actual cost of test unless free from MDCH
Laboratory – Wet Mounting	\$15.00
Laboratory – Urinalysis	\$10.00
Laboratory – Chlamydia	Actual cost of test unless free from MDCH
Laboratory – GC	Actual cost of test unless free from MDCH
Medications – Flagyl – 4 tabs	Actual cost of drug unless free from MDCH
Medications – Flagyl – 14 tabs	Actual cost of drug unless free from MDCH
Diflucan	\$5.00/ea
Medications – Doxycycline	Actual cost of drug unless free from MDCH
Medications – Zithromax	Actual cost of drug unless free from MDCH
Suprax	Actual cost of drug unless free from MDCH
Vantin	Actual cost of drug unless free from MDCH
Rocephin Injection (Ceftriaxone)	\$15.00
Contraceptives – Condoms/Dozen	\$4.20
Contraceptives – Female Condom	\$1.50

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