

**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	1 (Part 1)	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	Fee
DTaP or DT- Children and Students	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Tdap- Adult	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Injectable Polio Vaccine Children, Students, Susceptible Adults, Adults for Foreign Travel	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Measles/Mumps/Rubella- Children, Students, Required College Booster, Adults for Foreign Travel, Susceptible Adults	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Influenza – 6 months and older	\$25 Administration Fee and Vaccine Costs + 20%(unless covered by VFC)
Influenza – Adult-High Dose	\$25 Administration Fee and Vaccine Costs + 20%)
Flu Mist – age 2 years through 50 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Pneumococcal - PCV20	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/AVP)
Pneumococcal - PPV23	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC/AVP)
Tuberculin Tests	\$25
HIB - Pedvax	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis B Vaccine – Children through 19 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis B Vaccine – age 20 years and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by AVP)
Hepatitis A – 12 months through age 18 years	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by VFC)
Hepatitis A - age 19 years and older	\$25 Administration Fee and Vaccine Costs + 20% (unless covered by AVP)

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	1 (Part 2)	SUBJECT	Immunization Program
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	12/15/2023	LAST REVISION DATE	12/05/2023
BOC ADOPTED DATE	12/14/2023		

Service	Fee
Kinrix (DTaP/ IPV)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Pentacel (DTaP/HIB/IPV)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Varicella	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Pediarix (DTaP/IPV/Hep B)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Rotovirus	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
ProQuad	\$25 Administration Fee and Vaccine Cost +20% (unless covered by VFC)
RSV - Beyfortus – Infants/Children	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
RSV – Abrysvo - Adults	\$25 Administration Fee and Vaccine Cost + 20%
Vaxelis (DTaP/IPV/Hib/HepB)	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Meningococcal Vaccine - Menveo	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Bexsero-Meningococcal B (MenB), Trumenba	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC)
Shingles - Shingrix	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by AVP)
HPV - Gardasil	\$25 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/APV)
Twinrix (HepA/HepB)	\$25 Administration Fee and Vaccine Cost + 20%
MPOX- Jynneos	\$25 Administration Fee and Vaccine Cost + 20% (unless free from MDHHS)
COVID – 19 Vaccine	\$25 - \$40 Administration Fee and Vaccine Cost + 20% (unless covered by VFC/AVP)
Immunization Record	Free

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part 1)	SUBJECT	Family Planning
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	02/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	02/16/2024	LAST REVISION DATE	01/30/2024
BOC ADOPTED DATE	02/15/2024		

Service	Fee
Initial Exam (ages 12 – 17)	\$ 207.71
Initial Exam (ages 18 – 39)	\$ 252.89
Initial Exam (ages 40 – 64)	\$ 252.89
Established Exam (ages 12 – 17)	\$ 145.88
Established Exam (ages 18 – 39)	\$ 161.90
Established Exam (ages 40 – 64)	\$ 176.87
Initial Office Visit – Problem Focused	\$ 133.88
Initial Office Visit – Expanded Problem Focused	\$ 146.30
Established Office Visit – RN	\$ 76.79
Established Office Visit – MLP-Problem Focused	\$ 133.88
Established Office Visit – MLP-Expanded Problem Focused	\$ 148.08
Pregnancy Test	\$15.00
Hematology	\$10.00

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part 2)	SUBJECT	Family Planning
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	02/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	02/16/2024	LAST REVISION DATE	01/30/2024
BOC ADOPTED DATE	02/15/2024		

Service	Fee
Gonorrhea High Risk	Actual cost of test, unless free from MDHHS
Chlamydia - High Risk	Actual cost of test, unless free from MDHHS
Syphilis	Actual cost of test, unless free from MDHHS
Trichomoniasis	Actual cost of test, unless free from MDHHS
Metronidazole	Actual cost of drug, unless free from MDHHS
Doxycycline	Actual cost of drug, unless free from MDHHS
Azithromycin	Actual cost of drug, unless free from MDHHS
Cefixime	Actual cost of drug, unless free from MDHHS
Medroxyprogesterone Acetate	\$45.00 or 340B cost
Transdermal Contraceptive Patch	\$25.00 or 340B cost

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	2 (Part3)	SUBJECT	Family Planning
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PURPOSE	To establish fees to be charged for services rendered.		
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EFFECTIVE DATE	02/01/2024	LAST REVIEW DATE	01/30/2024
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BOH REVIEW DATE	02/16/2024	LAST REVISION DATE	01/30/2024
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BOC ADOPTED DATE	02/15/2024		
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Service		Fee	
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Diaphragm		\$20.00	
Male Condom		\$4.20 (unless free from MDHHS)	
Female Condom		\$2.00 (unless free from MDHHS)	
Spermicide (gel, cream, film)		\$10.00	
Intravaginal contraceptive ring		\$45.00 or 340B cost	
Fluconozole		\$5.00	
Oral Birth Control		\$20.00/pack or 340B cost	
Nexplanon		Actual cost of device + 20%	
Nexplanon Insertion		\$200.00	
Nexplanon Removal		\$230.00	
Nexplanon removal insertion on same DOS		\$320.00	
Emergency Contraception		\$15.00/pack or 340B cost	
IUD		Actual cost of device +20%	
IUD Insertion		\$140.00	
IUD Removal		\$155.00	
Ceftriaxone		Actual cost of drug, unless free from MDHHS	

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	3	SUBJECT	Maternal Infant Support Program (Maternal Infant Health Program - MIHP)	
PURPOSE	To establish fees to be charged for services rendered.			
EFFECTIVE DATE	10/01/2023	LAST REVIEW DATE	01/30/2024	
BOH REVIEW DATE	12/15/2023	LAST REVISION DATE	12/05/2023	
BOC ADOPTED DATE	12/14/2023			
Service		Fee		
MIHP Office Enrollment		\$ 95.00		
MIHP Home Enrollment		\$119.00		
MIHP Home Visit		\$103.00		
MIHP Office Visit		\$76.00		
ISS Visit Drug Exposed Infant		\$103.00		
Childbirth Education Series		\$35.00		
Pilot MIHP Additional Visit		\$95.00		
Pilot MIHP Care Coordination		\$80.00		
Pilot MIHP Complex Visit		\$140.00		
Pilot MIHP D/C Visit		\$110.00		

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
PUBLIC HEALTH FEE SCHEDULE**

SECTION	4	SUBJECT	Miscellaneous Fees
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	02/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	02/16/2024	LAST REVISION DATE	01/30/2024
BOC ADOPTED DATE	02/15/2024		

Service	Fee
Lead	\$25.00
Immune Status Titters: Medical/Nursing Student – Measles, Mumps, Rubella, Anti-HBs, Varicella Zoster Health Care Worker – Measles, Mumps, Rubella, Varicella Zoster	Actual Cost of Lab Tests/Kits (when test kits available)
Lead Nursing Home Visit – First Visit & Second	\$85.00
Lead Environmental Health Home Visit – First Visit & Second	\$205.00
Court Ordered Testing	\$141.00 + Actual Cost of Test
Public Health Nurse/Health Educator Presentation	\$75.00/Hour (min. 1-hour charge)
Disinterment/Reinterment Permit	\$10.00
Record Copy Cost (per page)	.02 per page (FOIA related – first 30 copies free)
Dental Varnish Screening Exam (Children under the age of 7)	\$14.89
Dental Varnish Application (Children under the age of 6)	\$9.00

**TUSCOLA COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH FEE SCHEDULE**

SECTION	5	SUBJECT	Sexually Transmitted Disease
PURPOSE	To establish fees to be charged for services rendered.		
EFFECTIVE DATE	02/01/2024	LAST REVIEW DATE	01/30/2024
BOH REVIEW DATE	02/16/2024	LAST REVISION DATE	01/30/2024
BOC ADOPTED DATE	02/15/2024		

Service	Fee
New Client – Office Visit – Problem Focused	\$133.88
New Client – Office Visit – Expanded Problem	\$146.30
Established Client – Office Visit – Nursing Intervention	\$76.79
Established Client – Office Visit – Problem Focused	\$133.88
Pregnancy Test	\$15.00
Syphilis	Actual cost of test unless free from MDHHS
Chlamydia	Actual cost of test unless free from MDHHS
Gonorrhea-Chlamydia	Actual cost of test unless free from MDHHS
Hepatitis B	Actual cost of test unless free from MDHHS
Hepatitis C	Actual cost of test unless free from MDHHS
Trichomoniasis	Actual cost of test unless free from MDHHS
Metronidazole	Actual cost of drug unless free from MDHHS
Doxycycline	Actual cost of drug unless free from MDHHS
Bicillin	Actual cost of drug unless free from MDHHS
Azithromycin	Actual cost of drug unless free from MDHHS
Cefixime	Actual cost of drug unless free from MDHHS
Ceftriaxone	Actual cost of drug unless free from MDHHS
Male Condoms/Dozen	\$4.20, unless free from the state
Female Condom	\$2.00, unless free from the state

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.