

FLOYD COUNTY, INDIANA

ORDINANCE NO. 1981-1

AN ORDINANCE OF THE BOARD OF COMMISSIONERS OF THE COUNTY OF FLOYD, INDIANA, AUTHORIZING THE NEW ALBANY-FLOYD COUNTY BOARD OF HEALTH TO ESTABLISH AND COLLECT FEE FOR SERVICES, AS AUTHORIZED BY THE PROVISIONS OF I.C. 16-1-4-24.

WHEREAS, the New Albany-Floyd County Health Department has been heretofore formed by the joint resolution of the Board of Commissioners of the County of Floyd and the Common Council of the Civil City of New Albany, Floyd County, Indiana, all as provided under the provisions of I.C. 16-1-7-17; and

WHEREAS, the Board of Commissioners of the County of Floyd is presently desirous of authorizing the New Albany-Floyd County Board of Health to establish and collect fees for specific services and records as may be presently or hereafter established by local ordinance, or state law, all as provided by the provisions of I.C. 16-1-4-24.

NOW THEREFORE, BE IT ORDAINED:

SECTION ONE

The New Albany-Floyd County Board of Health is hereby empowered to establish and collect fees in accordance with the provisions of this Ordinance, other ordinances which may have been heretofore or which may be hereinafter enacted and adopted by the Board of Commissioners of the County of Floyd, and in accordance with applicable state law, all as provided by the provisions of I.C. 16-1-4-24.

SECTION TWO

The following definitions shall apply to the interpretation and enforcement of this Ordinance:

(a) The term "Board" as used herein shall mean and apply to the New Albany-Floyd County Board of Health established pursuant to the provisions of I.C. 16-1-7-16, and I.C. 16-1-7-17.

(b) The term "Health Officer" shall mean the county health officer as provided by the provisions of I.C. 16-1-7-27.

(c) The term "Authorized Representative" shall mean an agent of the Board and Health Officer as provided by the provisions of I.C. 16-1-4-21.

(d) The term "Person" shall mean any individual, partnership, co-partnership, firm, company, corporation or association.

SECTION THREE

The New Albany-Floyd County Board of Health may charge a fee for the following services rendered, such fee to be not in excess of the actual costs of rendering such services:

(a) Home health care within the meaning of Section 1881(o) of the Social Security Act and as authorized by the Indiana State Board of Health pursuant to I.C. 16-1-3-28.

(b) For any personal health service provided through the New Albany-Floyd County Health Department, including, but not limited to, the chest clinic, all as authorized by the provisions of I.C. 16-1-4-24.

(c) For services rendered by the New Albany-Floyd County Health Department in providing copies of certificates of birth and death, as authorized by the provisions of I.C. 16-1-4-24.

(d) For services rendered in the inspection of public eating and drinking establishments, retail food markets, itinerant food stands, and semi-public food service establishments, for the purpose of issuing permits and licenses pursuant to existing county ordinances enacted pursuant to the provisions of I.C. 17-2-22-2.

(e) For the supervision and inspection of, and the issuance of permits for, sanitary sewage disposal systems pursuant to Floyd County Ordinance No. 1967-2, and any other Ordinance enacted pursuant to the provisions of I.C. 17-2-22-3.

SECTION FOUR

Fees collected by the New Albany-Floyd County Health Department shall be subject to the following administrative requirements:

(a) Appended hereto and made a part hereof as Exhibit "A", is a schedule of rates and charges established by the New Albany-Floyd County Health Board pursuant to I.C. 16-1-4-24, for services rendered by said Health Board and authorized for collection by the provisions of this Ordinance. No increase in any rate set forth in Schedule "A", hereto, shall be implemented or become effective except by amendment of this Ordinance.

(b) The New Albany-Floyd County Health Board shall separately account for those fees collected with respect to each of the services particularized under Article Three of this Ordinance, and all accounts shall be maintained in accordance with generally accepted accounting practices or as may be otherwise prescribed by the State Board of Accounts.

(c) Those fees collected by the New Albany-Floyd County Health Board pursuant to the terms and provisions of this Ordinance shall be remitted to that fund established pursuant to I.C. 16-1-7-17(c) in the same proportion that Floyd County, Indiana, contributes to the total annual budget of the New Albany-Floyd County Health Department pursuant to the provisions of I.C. 16-1-7-18. Those funds transferred to the City-County Health Fund pursuant to this Ordinance may be used for any purpose permitted by the provisions of I.C. 16-1-7-17.

(d) Any fees collected for health services provided individuals in other health jurisdictions and involving payment from tax revenues shall be collected in accordance with an agreement adopted pursuant to I.C. 16-1-4-22, and upon receipt shall be disbursed in accordance with subparagraph (c), above.

SECTION FIVE

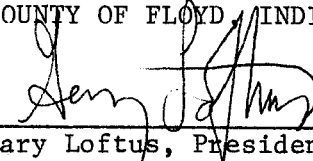
Should any section, paragraph, clause or phrase of this Ordinance be declared unconstitutional or invalid, no other provision, section, paragraph, clause, or phrase hereof shall be affected by such declaration.

SECTION SIX

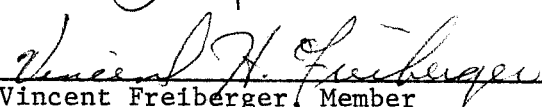
All ordinances and parts of ordinances heretofore enacted and in conflict with this Ordinance are hereby repealed and this Ordinance shall remain in full force and effect from the date of its adoption.

DULY ADOPTED this 21st day of February, 1981.

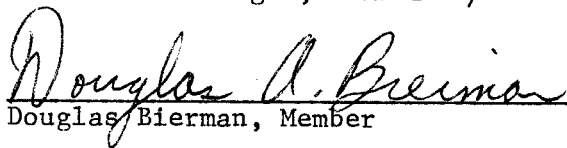
BOARD OF COMMISSIONERS OF THE
COUNTY OF FLOYD, INDIANA



Gary Loftus, President



Vincent Freiburger, Member



Douglas Bierman, Member

ATTEST:



Auditor of Floyd County, Indiana

FEE SCHEDULE NEW ALBANY-FLOYD COUNTY
HEALTH DEPARTMENT

IMMUNIZATIONS:
\$1.50

HOME HEALTH AGENCY:
R.N. Visit-\$22.50
AIDE 8.00

* The above services will be provided on a sliding fee scale.

	<u>No Pay</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>100%</u>
<u>WELL CHILD CLINIC</u>					
Initial Visit (Enrollment, physical, visits with the nurse, nutritionist and social worker)	0.00	5.00	10.00	15.00	20.00
Routine Office Visit	0.00	3.75	7.50	11.25	15.00
PPD	0.00	1.50	3.00	4.50	6.00
DPT	0.00	1.25	2.50	3.75	5.00
Polio	0.00	1.25	2.50	3.75	5.00
MMR	0.00	5.00	10.00	15.00	20.00
Rubella	0.00	2.50	5.00	7.50	10.00
Rubeola	0.00	2.50	5.00	7.50	10.00
Mumps	0.00	2.50	5.00	7.50	10.00
Urinalysis	0.00	.75	1.50	2.25	3.00
PKU	0.00	2.00	4.00	6.00	8.00
Hemoglobin	0.00	1.50	3.00	4.50	6.00

* Any other lab work outside of clinic will be charged to the patient according to the amount billed to the clinic on a sliding fee scale. This will also apply to supplementary vitamins, medications etc.

	<u>No-Pay</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>100%</u>
<u>PRENATAL CLINIC</u>					
Initial Visit (Enrollment etc.)	0.00	5.00	10.00	15.00	20.00
Routine Office Visit	0.00	3.75	7.50	11.25	15.00
Pap Smear	0.00	1.25	2.50	3.75	5.00
G.C. Culture	0.00	1.25	2.50	3.75	5.00
Lab (Prenatal Battery & Rubella Titer)	0.00	5.00	10.00	15.00	20.00

* Any other lab work outside of the clinic (Fasting blood sugar, antibody screening etc.) x-rays such as ultrasound, pelvimetry etc. and medications or vitamins will be charged to the patient according to the amount billed to the clinic on a sliding fee scale.

FAMILY PLANNING CLINIC:

Initial Visit	0.00	5.00	10.00	15.00	20.00
Annual Visit	0.00	5.00	10.00	15.00	20.00
Revisit-R.N.	0.00	2.50	5.00	7.50	10.00
Pregnancy Test	0.00	1.25	2.50	3.75	5.00
IUD Insertion	0.00	7.50	15.00	22.50	30.00
IUD Removal	0.00	3.75	7.50	11.25	15.00
Pap Smear	0.00	1.25	2.50	3.75	5.00
GC Culture	0.00	1.25	2.50	3.75	5.00
Hemoglobin	0.00	1.50	3.00	4.50	6.00
Urinalysis	0.00	.75	1.50	2.25	3.00

* All other lab work, contraceptive supplies, medications etc. will be charged to the patient according to the amount billed to the clinic on a sliding fee scale.

FEE SCHEDULE-NEW ALBANY-FLOYD COUNTY
HEALTH DEPARTMENT

VITAL RECORD SERVICES

Birth record certificates (per copy)	\$1.00
Death certificates (per copy)	1.00

ENVIRONMENTAL HEALTH SERVICES

Food Service Establishment License	15.00
Septic System Permit	10.00
Water Sample	5.00