

ORDINANCE AMENDING FLOYD COUNTY ORDINANCE NO. 1980-1

FLOYD COUNTY ORDINANCE 1987- 3

WHEREAS, the Board of Commissioners of the County of Floyd adopted Ordinance No. 1980-1, which Ordinance, in part, established rates and charges for certain services to be provided by the New Albany-Floyd County Health Department; and

WHEREAS, by Ordinance No. 1986-2, referenced original Ordinance was amended in certain particulars; and

WHEREAS, the Board of Commissioners of the County of Floyd are presently desirous of further amending said Ordinance as hereinafter set forth.

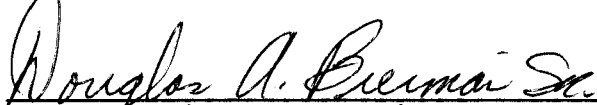
NOW THEREFORE:

BE IT ORDAINED, that Floyd County Ordinance 1980-1, as amended by Floyd County Ordinance 1986-2, be, and the same hereby is amended by the substitution for the rates and charges set forth in said Ordinance, as amended, the rates and charges more particularly set forth in Exhibit "A", hereto, which Exhibit is incorporated herein by reference and made a part hereof.

BE IT FURTHER ORDAINED that this Ordinance shall be in full force and effect on and after the date of its adoption.

DATED this 19th day of September, 1987.

BOARD OF COMMISSIONERS OF  
THE COUNTY OF FLOYD

  
\_\_\_\_\_  
Douglas Bierman, Chairman

  
\_\_\_\_\_  
Edmund Knable, Member

  
\_\_\_\_\_  
Carl Percy, Jr., Member

ATTEST:

  
\_\_\_\_\_  
Beth Sharp, Auditor

## EXHIBIT "A"

FEE SCHEDULE

Child Health	25%	50%	75%	100%
Clinic Visit.	6.25	12.50	18.75	25.00
*DPT	3.00	6.00	9.00	12.00
*OPV	3.00	6.00	9.00	12.00
*MMR	6.25	12.50	18.75	25.00
*Rubella (or other single vaccines	3.00	6.00	9.00	12.00
*HIB	3.00	6.00	9.00	12.00
PPD	1.75	3.50	5.25	7.00
Hemoglobin	1.50	3.00	4.50	6.00
Lead Screening	2.00	4.00	6.00	8.00

\* Fee for the DPT etc. is not for the vaccine, but for the administration of the vaccine, syringes, cotton, bandaid etc.

Prenatal

Clinic Visit	6.25	12.50	18.75	25.00
Pap Smear	1.50	3.00	4.50	6.00
GC Culture	1.50	3.00	4.50	6.00
Hemoglobin	1.50	3.00	4.50	6.00
PB Screening	2.00	4.00	6.00	8.00
PN Battery	5.75	11.50	17.25	23.00
Vitamins	1.00	2.00	3.00	4.00
Ferrous Sulfate	.50	1.00	1.50	2.00
Uristix	1.50	3.00	4.50	6.00

Family Planning

Clinic Visit-MD	6.25	12.50	18.75	25.00
Clinic Visit-RN	2.50	5.00	7.50	10.00
Pap Smear	1.50	3.00	4.50	6.00
GC Culture	1.50	3.00	4.50	6.00
Hemoglobin	1.50	3.00	4.50	6.00

## EXHIBIT "A" (Continued)

## Family Planning Continued

Uristix	1.50	3.00	4.50	6.00
Pregnancy Test	1.25	2.50	3.75	5.00
Satric Tabs. (42)	4.20	8.40	12.60	16.80
Satric Tabs. (21)	2.10	4.20	6.30	8.40
Rubella Administration	3.00	6.00	9.00	12.00
Health Department Immunization Administration	1.50	1.50	1.50	1.50
PPD	3.00	3.00	3.00	3.00
Allergy Shot	1.50	1.50	1.50	1.50

## Vital Statistics

Birth Certificates The fee for all certificates will be \$3.00

Death Certificates The fee for all certificates will be \$3.00

## Environmental Health Services

Food Service Establishment	\$25.00
Septic System Permit	25.00
Water Sample	10.00
Septic System Inspection for Loan Approval	25.00
Penalty fee against any business waiting until after January 1st of each year to obtain their Food Service Establishment License	10.00