

ORDINANCE AMENDING FLOYD COUNTY ORDINANCE NO. 1987-3

FLOYD COUNTY ORDINANCE 1989-3

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, by Ordinance No. 1987-3, referenced original Ordinance was further amended; and

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

NOW THEREFORE:

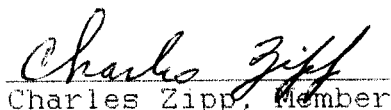
BE IT ORDAINED, that Floyd County Ordinance 1980-1, as amended by Floyd County Ordinance No. 1986-2, and Floyd County Ordinance No. 1987-3, be, and the same hereby is further amended by the substitution for the rates and charges set forth in said Ordinance, as amended, the rates and charges more particularly set forth in Exhibit "A", hereto, which Exhibit is incorporated herein by reference and made a part hereof.

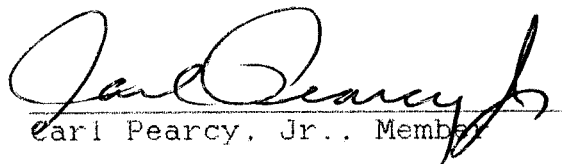
BE IT FURTHER ORDAINED, that this Ordinance shall be in full force and effect on and after the date of its adoption.

DATED this 4 day of December, 1989.

BOARD OF COMMISSIONERS OF  
THE COUNTY OF FLOYD

  
Edmund Knable, Chairman

  
Charles Zipp, Member

  
Carl Percy, Jr., Member

ATTEST:

  
Beth Sharp, Auditor

FNEE 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.				
<u>Prenatal</u>				
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
Ultrasound & reading	27.25	54.50	81.75	109.00
<u>Family Planning</u>				
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
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
Satrix Tabs. (21)	2.10	4.20	6.30	8.40
Rubella Administration	3.00	6.00	9.00	12.00
<u>Health Department</u>				
Immunization Administra- tion	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
Yellow Fever	22.00	22.00	22.00	22.00
Typhoid	8.00	8.00	8.00	8.00
Cholera	8.00	8.00	8.00	8.00
Trivalent Flu. Vaccine	5.00	5.00	5.00	5.00

EXHIBIT "A"

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**Vital Statistics**

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

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

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**Environmental Health Service**

**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** 10.00

**until after January 1st of each year to**

**obtain their Food Service Establishment**

**License**