

FLOYD COUNTY ORDINANCE FCO 92-6

ORDINANCE AMENDING FLOYD COUNTY ORDINANCE NO. 1989-3

WHEREAS, the Board of Commissioners of the County of Floyd adopted Ordinance No. 1981-1, which Ordinance, in part, established rates and charges for certain services to be provided by the New Albany-Floyd County Health Department now known as the Floyd County Health Department which are subsequently amended by Ordinance 1986-2, 1987-3 and 1988-3; and

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

NOW THEREFORE:

BE IT ORDAINED, that Floyd County Ordinance 1981-1, as amended by Floyd County Ordinance No. 1986-2, Floyd County Ordinance 1987-3 and Floyd County Ordinance 1988-3, be, and the same hereby is further amended by the substitution for the rates and charges more particularly set forth in Exhibit "A", hereto, which Exhibit is incorporated herein by reference and made a part thereof.

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

DATED this 9 day of September 1992.

BOARD OF COMMISSIONERS
OF THE COUNTY OF FLOYD

Charles L. Zipp
Charles L. Zipp, President

Edmund R. Knable
Edmund R. Knable, Member

Larry R. Denison
Larry R. Denison, Member

ATTEST:

Beth A. Sharp
Floyd County Auditor

FEE SCHEDULE

<u>CHILD HEALTH</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>100%</u>
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
Ultrasound & Reading	27.25	54.50	81.75	109.00

EXHIBIT "A"

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
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
<u>Rubella Administration</u>	<u>3.00</u>	<u>6.00</u>	<u>9.00</u>	<u>12.00</u>

Health Department Immunization Admini- stration	2.00	2.00	2.00	2.00
PPD	3.00	3.00	3.00	3.00
Allergy Shot	2.00	2.00	2.00	2.00
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

Vital Statistics

Birth Certificates - Fee for all certificates will be \$3.00

Death Certificates - Fee for all certificates will be \$3.00

<u>Environmental Health Service</u>	\$35.00
Food Service Establishment	\$35.00
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 1 of each year to obtain their
Food Service Establishment License \$20.00