

FLOYD COUNTY ORDINANCE 1995-XI

AN ORDINANCE ESTABLISHING RATES AND CHARGES FOR SERVICES  
RENDERED BY THE FLOYD COUNTY HEALTH DEPARTMENT

WHEREAS, the Board of Commissioners of the County of Floyd is empowered, pursuant to the provisions of I.C. 36-1-3, et seq., to establish reasonable rates, charges, and fees for governmental services provided to the public; and

WHEREAS, the Floyd County Health Department has requested the establishment of fees and charges for medical and regulatory services provided by the Department, as more particularly set forth in the Fee Schedules appended hereto and made a part hereof; and

WHEREAS, upon review, the Board of Commissioners of the County of Floyd has determined that the scheduled fees and charges do not exceed the administrative cost of those regulatory powers to be exercised or the cost of the services to be provided by the Department; and

WHEREAS, the Board of Commissioners of the County of Floyd is desirous of adopting by this Ordinance the Schedule of Fees to be charged by the Department for services rendered.

NOW THEREFORE:

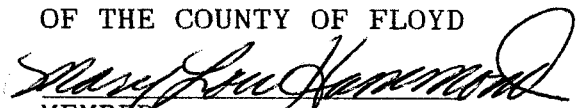
BE IT ORDAINED, that the fees and charges set forth on the Fee Schedule(s) appended hereto and incorporated herein be, and the same hereby are, adopted and established as the fees and charges to be levied and imposed for the various services to be rendered and performed by the Floyd County Health Department, with such fees and charges, upon collection and receipt, to be deposited by the Department as required by law.


BE IT FURTHER ORDAINED, that all previous ordinances adopted for the purpose of establishing rates and charges for services to be rendered and performed by the Floyd County Health Department be, that the same hereby are, repealed.

BE IT FURTHER ORDAINED, that this ordinance shall be in full force and effect after the date of its adoption, being the 18th day of December, 1995.

SO ORDAINED, this 2nd day of January, 1996.

BOARD OF COMMISSIONERS  
OF THE COUNTY OF FLOYD

  
MEMBER

  
MEMBER

  
MEMBER

ATTEST:

  
FLOYD COUNTY AUDITOR

EXHIBIT "A"

FEE SCHEDULE

HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SERVICES

SEPTIC SYSTEM

A. SITE SURVEY -----	\$10.00
B. NEW CONSTRUCTION PERMIT -----	90.00
C. REPAIR PERMIT -----	NO CHARGE
D. EXISTING PRIVATE SEWAGE DISPOSAL SYSTEM -----	\$50.00
E. PRIVATE SEWAGE SYSTEM INSTALLER PERMIT -----	\$50.00 ANNUALLY
F. PUBLIC SWIMMING POOL -----	\$25.00 ANNUALLY

FOOD SERVICE ESTABLISHMENTS

A. RESTAURANT/TAVERNS -----	\$75.00 ANNUALLY
B. RETAIL FOOD STORE -----	\$75.00 ANNUALLY
C. BAKERY -----	\$50.00 ANNUALLY
D. CATERER -----	\$50.00 ANNUALLY
E. ICE CREAM STORE, SWEET SHOP, CONCESSION STAND, SHAVED ICE STAND -----	\$50.00 ANNUALLY
F. PRODUCE MARKET -----	\$50.00 ANNUALLY
G. TEMPORARY FOOD ESTABLISHMENT-----	\$5.00 PER DAY NOT TO EXCEED \$25 FOR A MAXIMUM OF 14 DAYS
H. MOBILE FOOD SERVICE ESTABLISHMENT -----	\$50.00 ANNUALLY
I. LATE CHARGE ON ANNUAL FEES -----	\$25.00

**EXHIBIT A**

FEE SCHEDULE

		100%	75%	50%	25%	
Prenatal	Initial Exam (New Patient)	\$70.00	\$52.20	\$35.00	\$17.50	
	Initial Exam (Estab. Pt.)	60.00	45.00	30.00	15.00	
	Routine PN Vis. (Normal Preg.)	30.00	22.50	15.00	7.50	
	Routine PN Vis. (High Risk )	40.00	30.00	20.00	10.00	
Family Planning	FP/PP Exam W0660	60.00	45.00	30.00	15.00	
	FP Revisit (BCP) W0661	20.00	15.00	10.00	5.00	
	Birth Control Pills/Cycle	2.00	1.50	1.00	.50	
	Depo Provera (Includes O.V.)	40.00	30.00	20.00	10.00	
	MD, RD, SW Visit	25.00	18.75	12.50	6.25	
	RN, Other Visit	10.00	7.50	5.00	2.50	
Well Child	WC Exam (New Pat.)	50.00	37.50	25.00	12.50	
	WC Exam (Est. Pat.)	37.00	27.75	18.50	9.25	
	WC Revisit	25.00	18.75	12.50	6.25	
	Immun. Admin.	3.00	2.25	1.50	.75	
	PPD	10.00	7.50	5.00	2.50	
	Audiometry	15.00	11.25	7.50	3.75	
	Vision Scr.	5.00	3.75	2.50	1.25	
	Lead	3.00	2.25	1.50	.75	
	Labs Clinic	Uristix	6.00	4.50	3.00	1.50
		Hemoglobin	6.00	4.50	3.00	1.50
Glucostix		6.00	4.50	3.00	1.50	
Labs Hospital	PN Battery	57.00	42.75	28.50	14.25	
	Differential	11.00	8.25	5.50	2.75	
	Gest. Diab. Sc.	31.00	23.25	15.50	7.75	
	Urinalysis	14.00	10.50	7.00	3.50	
	Cul. & Sens.	16.00	12.00	8.00	4.00	

		100%	75%	50%	25%
Labs	Antenatal	82.00	61.50	41.00	20.50
Hospital **	Battery				
	Herpes Culture	62.00	46.50	31.00	15.50
	AFP	53.00	39.75	26.50	13.25
	Ultrasound	166.00	124.50	83.00	41.50
Medications**	Flagyl/Doxy. Visit Only	10.00	7.50	5.00	2.50
	Rocephin	3.00	2.25	1.50	.75
	Monistat	14.00	10.50	7.00	3.50
	PN Vits.	4.00	3.00	2.00	1.00
	FeSO4	2.00	1.50	1.00	.50
Care Coordination	Init. Assess.	90.00	67.50	45.00	22.50
	Reassessment	50.00	37.50	25.00	12.50
	PP Assessment	50.00	37.50	25.00	12.50
	Mileage 25¢/mile				

\*\* At times we will order lab tests or medications that will not be routine. The charge for that test or medication will be based on the actual cost to us, using the sliding fee scale. Prices for labs etc. may often increase without notice. We need to have the flexibility to adjust these fees accordingly without having to revise/approve the entire fee schedule.