

Mason County Board of Commissioners
Resolution No. 51-04

Whereas, the provision of public health services and activities within Mason County requires the collection of fees to compliment other sources of revenue,

Whereas, it is the role and responsibility of Mason County Board of Commissioners to set policy for Mason County Department of Health Services concerning the funding of public health programs and activities in Mason County and to set fees accordingly,


Whereas, the Mason County Board of Health held a public hearing on June 3, 2004 for the purpose of taking public testimony and to deliberate on the appropriate fees for public health goods and services, and adopted the fee schedule per Board of Health Resolution 02-04,

Now therefore be it resolved, the fee schedule, policy and fees for issuing birth certificates, and policy for refund of fees as shown in Attachment "A" is hereby adopted as the Mason County Department of Health Services Fee Schedule, effective July 1, 2004.

Dated this 15th day of June, 2004

Mason County Board of Commissioners
Mason County, Washington

Attest:


Chair


Clerk of the Board


Commissioner

Approved as to Form:




Commissioner

Mike E. Clift
Mason County Chief Deputy Prosecuting Attorney

Mason County Dept of Health Services, Personal Health Policy and Fees for Issuing Birth Certificates

VITAL RECORD APPLICATION INSTRUCTIONS FOR WASHINGTON STATE BIRTH CERTIFICATES

Please print clearly. Incomplete applications will be returned without processing. Make check or money order payable to "Personal Health Services."

1. **Effective July 26, 2003 the pre-paid fee for each certified copy of a birth certificate issued will be \$17.** Two dollars of the seventeen dollars goes to the Department of Health, Center for Health Statistics for the purpose of developing and maintaining the state vital records systems, including a web-based electronic death registration system. Five dollars helps fund the Forensic Investigation Council, a fund supporting autopsies and death investigation at the local/county levels. Eight dollars stays with the local health jurisdiction.
2. Birth certificates applied for before 3:00 p.m can be picked up after 4:00 p.m. the same day. Birth certificates applied for after 3:00 p.m. will be available for pick-up after 4:00 p.m. the following day (**allow 2-3 weeks from date of birth for newborns**). For expedited service (when applying in person), please add \$3.00 for the total order.
3. Local County Health Departments are linked into the **Washington State Dept. of Health Center for Health Statistics** birth database and can usually issue certified birth certificates state-wide. Currently, Washington State birth records from 1938 to present are on this database. For births between 1907 and 1938, application must be made with the Center for Health Statistics in Olympia, (360) 236-4300. Washington State began filing birth and death records on July 1, 1907. Birth certificates prior to that date must be obtained in the county of event.
5. If a matching record is found, a certified copy will be issued for pick-up or will be sent to the mailing address indicated. If no record is found or cannot be issued at the local level, a letter will be sent followed by a refund of \$5.00*. If a birth certificate is not picked up in 30 days, the certificate will be mailed to the address on the form.
6. **Anytime a record is searched for and is found or not, a search fee of \$8.00 is charged that is not refundable or transferable.**

Send complete application and \$17.00 fee for each certified copy requested to address below.

Mason County Dept of Health Services, Personal Health
303 N 4th Street
Shelton, WA 98584

* \$17.00 less \$8.00 non-refundable search fee plus \$4.00 processing fee.

Mason County Department of Health Services Policy for Refunds of Fees

The Mason County Department of Health Services (MCDHS) Director or their designee may authorize a refund of fees collected by the Department. Fees will be refunded according to the following guidelines:

Vital Records Fees

1. Anytime a record is searched for and is not found a non-refundable \$8.00 search fee plus a \$4.00 processing fee is charged.

All Other Program Fees

1. Fees will not be refunded after processing work has been substantially done (such as research for a travel clinic visit or a site visit for a septic system), or after a permit has been issued.
2. Not more than 80% of a fee may be refunded if no work has been done.
3. Requests for refunds shall be in writing utilizing MCDHS forms, shall be by the original applicant, and must be accompanied by the original receipt.
4. A minimum of \$50 will be held for administrative costs.
5. Provided, however, that when the payment for a service or permit was an error of the Mason County Department of Health Services staff, a 100% refund shall be made.

MASON COUNTY PERSONAL HEALTH 2004 FEE SCHEDULE

OFFICE	Fee	Proposed	IMMUNIZATIONS, TRAINING	Fee	Proposed
Minimal (5)	20.00*	23.00*	2.5 hr. cert. training (Per person)	**15.00*	**15.00*
Problem Focused (20)(new)	42.00*	45.00*	4 hr. cert. training (Per person)	**30.00*	**30.00*
(established)	36.00*	39.00*	SCREENING/OTHER	Fee	Proposed
Expanded Problem (60)(DELETED)	60.00*		Initial TB Exam	36.00*	39.00*
(established)(DELETED)	50.00*		Follow-up TB Exam	22.00*	25.00*
Detailed (new) (DELETED)	90.00*		PPD (same as Imms Admin fee)	15.00*	16.00*
(established) (DELETED)	75.00*		X-Ray, 1 view	cost*	cost*
Travel Clinic	45.00	60.00	Radiologist	cost*	cost*
ADMINISTRATION	Fee	Proposed	Blood Pressure Check	1.00	1.00
Off-site Clinic Rate (Per Hour)	65.00	65.00	Liquid Nitrogen/Warts	49.00*	49.00*
Copy immunization record to pt	1.00	1.00	Pre / Post Counseling	54.50*	56.00*
Copy medical records (1st 30 pgs)****	0.83	0.83	Case Management (Full month)	172.00	172.00
each add'l page****	0.63	0.63	Case Management (Partial month)	86.00	86.00
Clerical fee for searching & handling****	19.00	19.00	Comprehensive Assessment	137.75	137.75
Public records-per RCW 42.17.300	0.15	0.15	MEDICATIONS/SUPPLIES	Fee	Proposed
IMMUNIZATIONS	Fee	Proposed	Doxycycline 14	2.50*	2.00*
DTaP 1 - 2 - 3 - 4 - 5 - B	15.60*	16.00*	Doxycycline 28	3.75*	3.00*
DT (Ped) 1 - 2 - 3 - 4 - 5	15.60*	16.00*	Erythromycin 408	5.00*	8.00*
Td 1 - 2 - B - Adolescent	15.60*	16.00*	Metronidazole 14/500 mg	2.50*	3.00*
OPV 1 - 2 - 3 - 4 - B	15.60*	16.00*	Amox/Prob 500 mg ea	2.50*	3.00*
IPV 1 - 2 - 3 - 4 - B	15.60*	16.00*	Rocephin Inj 250 mg	16.25*	17.00*
HIB 1 - 2 - 3 - 4	15.60*	16.00*	Suprax (Cefixime)400 mg (DELETED)	6.50*	
MMR 1 - 2	15.60*	16.00*	Zithromax 250 mg	23.75*	24.00*
HEP A 1 - 2 Adolescent	15.60*	16.00*	Tetracycline 28/500 mg	3.75*	4.00*
HEB-B 1 - 2 - 3 - B (0-18 yrs old)	15.60*	16.00*	Bacetracin Ointment	1.25*	4.00*
Hep A/B Combo	45.20	46.00	Monistat/7	15.00	15.00
Varicella (Chicken Pox) 0-18	15.60*	16.00*	Nystatin Cream	3.75*	3.00*
HEB-B 1 - 2 - 3 - B (Adult)	30.00	37.00	Lindane Lotion	5.25	6.00*
HBIG (\$174.04/cc)	(/cc)	(/cc)	Lindane Shampoo	5.50	6.00*
Immune Globulin ISG	5.00	9.00	Podophyllum Treatment	6.00*	6.00*
HEP A (Havrix) Adult	22.00	29.00	INH 300 mg 30	3.75*	5.00*
Prevnar (Pneumococcal Conjugate)	15.60*	16.00*	Rifamate 60	47.50*	48.00*
Oral Typhoid	36.25	45.00	Rifampin 30/300 mg	21.50*	22.00*
Injectable Typhoid	41.50	51.00	Rifampin 60/300 mg	48.00*	45.00*
Td (Adult)	16.25	19.00	PZA 60/500 mg	54.50*	55.00*
Rabies (3 doses - PRE-PAID)	401.25	429.00	Ethambutol 60/400 mg	80.00*	84.00*
Influenza	15.00	18.00	B6 Pyridoxine 50 mg	3.00*	3.00*
Pneumonia	21.00	22.00	LABORATORY	Fee	Proposed
Varicella (Chicken Pox) Adult	62.50	79.00	Pregnancy Test	12.50*	4.00*
Yellow Fever	71.25	87.00	Blood Draw	5.00	5.00
Meningococcal	71.80	93.00	KOH/Wet Mount	7.00*	7.00*
Unlisted meds/vaccines-acquisition cost	Cost	Cost	Pap Smear	16.00	16.00
CERTIFICATES	Fee	Proposed	Pathologist fee	31.25*	40.00*
Birth Certificates (each copy)	17.00	17.00	UA (W/O) Micro	3.00*	4.00*
Death Certificates (first copy)	17.00	17.00	RPR/VDRL	4.50	5.00*
Expedite Fee (NEW)		3.00	HSV-culture	35.25	39.00
Research Fee (non-refundable)	8.00	8.00	GC	4.50	5.00
Corrections to Death Certs (1st copy)	8.00	10.00	CT & GC urine	4.50	5.00
Additional corrected copies	3.00	3.00	HSV-antibody (Igg)	20.25	30.00
Birth Cert. refund charge++		12.00	IgM Anti-HAV (Hep A)	18.25	20.00
MATERNITY SUPPORT SERVICES	Fee	Fee	Anti-HAV (Hep A Total)	19.50	22.00
Nursing Office Visit	58.00	30.00/unit	HbsAB (Hep B Titer)*** +	17.00	19.00
Nursing Home Visit	91.15	40.00/unit	HBsAg (surface antigen)	17.00	19.00
Nutrition Office Visit	58.00	30.00/unit	Anti-HBc (core antibody)	19.50	22.00
Nutrition Home Visit	91.15	40.00/unit	Hep B Screen (HBsAg & Anti-HBs)***	29.50	35.00
Behavioral Health Offic Visit	58.00	30.00/unit	Hep B Panel (HBs Ag, Anti-HBs & Anti-HBc)**	44.50	63.00
Behavioral Health Home Visit	91.15	40.00/unit	Hep Panel (acute)	62.00	84.00
iCM		25.00/unit	Anti-HCV (Hep C)	22.00	24.00
Family Planning Visit	10.00	10.00	Liver Profile	31.50*	42.00*
DENTAL	Fee	Proposed	Sputum	4.50*	5.00*
Topical Floride Varnish	13.39	14.00	Varicella-zoster virus antibody (IgG)	19.50	27.00
Oral Family Health Education	25.00	25.00	Venipuncture (MGH)	15.50	19.00
BLOODBORNE PATHOGEN TRNG	Fee	Proposed	CHILD CARE	Fee	Proposed
2 Hour prep time/2 hour class	**120.00	**120.00	"Star's Training" per person (Minimum-5/class)	10.00	10.00
DNA testing for Probation Services	27.00	27.00	REFUNDS		Proposed
* Fees that can be slid to \$0			Refund Processing Fee \$50.00 or 20% (whichever is greater)		
** Minimum 4 persons per class (slide scale available)			# Fee that can be slid to 25%		
*** Perinatal Hep B Program - No Fee			+ Infant only in the Perinatal Hep-B Prog. No Fee		
****May charge for medical records iaw WAC 246-08-400			++ Includes non-refundable search fee of \$8.00 + \$4.00 processing fee		

---FEES MAY BE CHANGED AT ANY TIME TO REFLECT CHANGES IN ACQUISITION COSTS OR REIMBURSEMENT RATES---