

Resolution No. 25-07
A Resolution amending Resolution 51-04, Personal Health Fee Schedule

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 Public Health Department 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 October 5, 2006 to take 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 03-06 on November 14, 2006,

Now therefore be it resolved, the fee schedule as shown in Attachment A is hereby adopted as the Mason County Public Health Department Fee Schedule effective January 1, 2007.

Dated this 20th day of March, 2007.

ATTEST:


Rebecca S. Rogers, Clerk of the Board

APPROVED AS TO FORM:


Deputy Prosecuting Attorney

BOARD OF COUNTY COMMISSIONERS
MASON COUNTY, WASHINGTON


Lynda Ring Erickson, Chair


Tim Sheldon, Commissioner


Ross Gallagher, Commissioner

C: Board of Health
Personal Health
Casey Bingham

MASON COUNTY PERSONAL HEALTH CURRENT FEE SCHEDULE (2007)

Attachment A

OFFICE	Fee	BLOODBORNE PATHOGEN TRNG	Fee
Animal (5)	22.00*	2 Hour prep time/2 hour class	**120.00
Problem Focused (20)(new)	45.00*	DNA testing for Probation Services	27.00
Established)	39.00*	HIV/AIDS CERT. TRAINING	Fee
Level Clinic	65.00	2.5 hr. cert. training (Per person)	**15.00*
Respiratory Protection Program Clearance	+++25.00	4 hr. cert. training (Per person)	**30.00*
Respiratory Protection Program Screening	+++10.00	SCREENING/OTHER	Fee
ADMINISTRATION	Fee	Initial TB Exam	39.00*
Vaccine Administration (1st)	12.00*	Follow-up TB Exam	25.00*
Vaccine Administration (2nd)	7.00*	PPD (includes office fee)	39.00*
Off-site Clinic Rate (Per Hour)	65.00	X-Ray, 1 view	cost*
Copy immunization record to pt	1.00	Radiologist	cost*
Copy medical records (1st 30 pgs)****	0.83	Blood Pressure Check	1.00
Each add'l page****	0.63	Liquid Nitrogen/Warts	49.00*
Merical fee for searching & handling****	19.00	HIV Pre / Post Counseling	56.00*
Public records-per RCW 42.17.300	0.15	MEDICATIONS/SUPPLIES	Fee
VACCINATIONS	Fee	Vantin 200mg (Infertility Prevention Project (IPP))	9.00*
DTaP 1 - 2 - 3 - 4 - 5 - B	15.60*	Doxycycline 14	3.00*
DT (Ped) 1 - 2 - 3 - 4 - 5	15.60*	Doxycycline 14 (IPP)	3.00*
DTd 1 - 2 - B - Adolescent	15.60*	Erythromycin 500 mg #28	11.00*
DTdap	15.60*	Metronidazole 14/500 mg	3.00*
PV 1 - 2 - 3 - 4 - B	15.60*	Amox/Prob 500 mg ea	3.00*
HB 1 - 2 - 3 - 4	15.60*	Rocephin Inj 250 mg	8.00*
MMR 1 - 2	15.60*	Zithromax 1 gm pkt (IPP)	14.00*
HEP A 1 - 2 Adolescent	15.60*	Bacitracin Ointment	4.00*
HEB-B 1 - 2 - 3 - B (0-18 yrs old)	15.60*	Monistat/7	3.00
Hep A/B Combo	49.00	Nystatin Cream	3.00*
Varicella (Chicken Pox) 0-18	15.60*	Permethrine Cream	7.00
Menactra-Meningococcal (Adolescent)	15.60*	Podophyllum Treatment	6.00*
HEB-B 1 - 2 - 3 - B (Adult)	37.00	INH 300 mg 33	5.00*
HBIG (\$174.04/cc)	(/cc)	Rifamate 60	90.00*
Immune Globulin ISG	9.00	Rifampin 30/300 mg	22.00*
HEP A (Havrix) Adult	29.00	Rifampin 60/300 mg	45.00*
Prenar (Pneumococcal Conjugate)	15.60*	PZA 60/500 mg	55.00*
Oral Typhoid	45.00	Ethambutol 60/400 mg	72.00*
Injectable Typhoid	51.00	B6 Pyridoxine 50 mg	3.00*
Td (Adult)	21.00	LABORATORY	Fee
Tdap (Adult)	40.00	Pregnancy Test	4.00*
MMR (Adult)	54.00	Blood Draw	5.00
IPV (Adult)	28.00	KOH/Wet Mount	7.00*
Menactra-Meningococcal Conjugate	103.00	Pap Smear	16.00
Menomune-Meningococcal	108.00	Pathologist fee	40.00*
Rabies - Pre-exposure (3 doses - PRE-PAID)	429.00	UA (W/O) Micro	4.00*
Influenza	25.00	RPR/VDRL	5.00*
Pneumococcal	30.00	HSV-culture	39.00
Varicella (Chicken Pox) Adult	89.00	GC	5.00
Yellow Fever	87.00	CT & GC urine	5.00
Unlisted meds/vaccines-aquisition cost	Cost	HSV-antibody (Igg)	30.00
CERTIFIEDS	Fee	HbsAB (Hep B Titer)*** +	19.00
Birth Certificates (each copy)	17.00	MMR titer (Staff Only)	57.00
Death Certificates (each copy)	17.00	Liver Profile	42.00*
Expedite Fee (NEW)	3.00	Sputum	5.00*
Research Fee (non-refundable)	8.00	Varicella-zoster virus antibody (Staff only)	27.00
Corrections to Death Certs (1st copy)	10.00	Venipuncture (MGH)	19.00
Additional corrected copies	3.00	CHILD CARE	Fee
Birth Cert. refund charge++	12.00	"Star's Training" per person (Minimum-5/class)	10.00
DENTAL	Fee	REFUNDS	Fee
Oral Family Health Education	26.02	Refund Processing Fee \$50.00 or 20% (whichever is greater)	
* Fees that can be slid to \$0		# Fee that can be slid to 25%	
** Minimum 4 persons per class (slide scale available)		+ Infant only in the Perinatal Hep-B Prog. No Fee	
*** Perinatal Hep B Program - No Fee		++ Includes non-refundable search fee of \$8.00 + \$4.00 processing fee	
****May charge for medical records iaw WAC 246-08-400		+++ Effective January 1, 2008	

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

10/05/06