

**JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE
2010**

Effective: January 1, 2010

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VISIT / PROCEDURE FEE		<100%	100-150%	151-185%	186-220%	221-250%	100%
Most of the below listed services are sliding		0%	20%	40%	60%	80%	100%
Scale from 100%, 80%, 60%, 40%, 20%, 0%		Code 1-A	Code 2-B	Code 3-C	Code 4-D	Code 5-E	Code 6-F
99204	New Comprehensive Visit	\$0.00	\$28.80	\$57.60	\$86.40	\$115.20	\$144.00
99203	New Detailed Visit	\$0.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00
99202	New Expanded Visit	\$0.00	\$19.20	\$38.40	\$57.60	\$76.80	\$96.00
99201	New Focused Visit	\$0.00	\$14.40	\$28.80	\$43.20	\$57.60	\$72.00
99214	Established Detailed Visit	\$0.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00
99213	Established Expanded Visit	\$0.00	\$19.20	\$38.40	\$57.60	\$76.80	\$96.00
99212	Established Focused Visit	\$0.00	\$14.40	\$28.80	\$43.20	\$57.60	\$72.00
99212	Established EPSDT Partial PE 0-20 Yrs Visit	No Slide	No Slide	No Slide	No Slide	No Slide	\$24.78
99211	Established Minimal	\$0.00	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00
99402	Individual Counseling 30 min.	\$0.00	\$14.40	\$28.80	\$43.20	\$57.60	\$72.00
99401	Individual Counseling 15 min.	\$0.00	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00
H1005	Prenatal Plus (Partial)	No Slide	No Slide	No Slide	No Slide	No Slide	\$143.35
H1005	Prenatal Plus (Partial Plus)	No Slide	No Slide	No Slide	No Slide	No Slide	\$382.26
H1005	Prenatal Plus (Full)	No Slide	No Slide	No Slide	No Slide	No Slide	\$716.69
H1005	Prenatal Plus (Full Plus)	No Slide	No Slide	No Slide	No Slide	No Slide	\$812.30
G9006	PFHF Coordinated Care Onsite	No Slide	No Slide	No Slide	No Slide	No Slide	\$10.40
G9006	PFHF Coordinated Care Offsite	No Slide	No Slide	No Slide	No Slide	No Slide	\$11.39
57061	Cryosurgery	\$0.00	\$14.40	\$28.80	\$43.20	\$57.60	\$72.00
57452	Colposcopy Visit	\$0.00	\$30.80	\$61.60	\$92.40	\$123.20	\$154.00
57454	Colposcopy with Biopsy Visit	\$0.00	\$49.00	\$98.00	\$147.00	\$196.00	\$245.00
58300	IUD Insertion Visit	\$0.00	\$28.80	\$57.60	\$86.40	\$115.20	\$144.00
58301	IUD Removal Visit	\$0.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00
57170	Diaphragm Fitting Visit	\$0.00	\$19.20	\$38.40	\$57.60	\$76.80	\$96.00
11975	Implanon Insertion Visit	\$0.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00
11976	Implanon Removal Visit	\$0.00	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00
11977	Implanon Removal with Re-Insertion Visit	\$0.00	\$44.00	\$88.00	\$132.00	\$176.00	\$220.00
11976	Norplant Removal Visit	\$0.00	\$28.80	\$57.60	\$86.40	\$115.20	\$144.00
55250*	Vasectomy with Post-op Semen Exam	No Slide	No Slide	No Slide	No Slide	No Slide	\$234.00
	Tubal Ligation (by referral)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Essure (by referral)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Note: No slide fees that are not covered by third party payment must be paid at time of service.

*No charge to Family Planning clients based on availability

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LAB		<100%	100-150%	151-185%	186-220%	221-250%	100%
Most of the below listed services are sliding Scale from 100%, 80%, 60%, 40%, 20%, 0%		0%	20%	40%	60%	80%	100%
		Code 1-A	Code 2-B	Code 3-C	Code 4-D	Code 5-E	Code 6-F
85025	CBC	\$0.00	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
80053	Chem-screen / HDL / Coronary Risk	\$0.00	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00
87490	Chlamydia / Cervical (Quest)	\$0.00	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00
87491	Chlamydia / GC / Cervical (urine) (State)	\$0.00	\$5.20	\$10.40	\$15.60	\$20.80	\$26.00
87800	Chlamydia / GC / Cervical (Quest)	\$0.00	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00
87045	Culture, Stool (State)	\$0.00	\$18.00	\$36.00	\$54.00	\$72.00	\$90.00
80051	Electrolyte Panel	\$0.00	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
85652	Erythrocyte Sedimentation Rate (ESR)	\$0.00	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00
82728	Ferritin, Serum	\$0.00	\$7.60	\$15.20	\$22.80	\$30.40	\$38.00
86781	Fluorescent Treponemal Antibody (FTA) (State)	\$0.00	\$5.80	\$11.60	\$17.40	\$23.20	\$29.00
82947	Glucose Test	\$0.00	\$1.25	\$2.49	\$3.74	\$4.98	\$6.23
87081	Gonorrhea Rectal / Throat (Quest)	\$0.00	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00
87590	Gonorrhea, Cervical (Quest)	\$0.00	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00
85014	Hematocrit	\$0.00	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00
82270	Hemocult x 3	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
85018	Hemoglobin	\$0.00	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
80076	Hepatic Function Panel	\$0.00	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
86709	Hepatitis A Antibody (Anti-HAV IgM) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$85.00
86706	Hepatitis B Surface Antibody (Anti HBs) (Quest)	No Slide	No Slide	No Slide	No Slide	No Slide	\$33.00
86706	Hepatitis B Surface Antibody (Anti-HBs) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$72.00
87340	Hepatitis B Surface Antigen (HBsAg) (Quest)	No Slide	No Slide	No Slide	No Slide	No Slide	\$31.00
87340	Hepatitis B Surface Antigen (HBsAg) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$72.00
86803	Hepatitis C Antibody - HCAB (Quest)	No Slide	No Slide	No Slide	No Slide	No Slide	\$62.00
86803	Hepatitis C Antibody - HCAB (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$91.00
87255	Herpes Culture (Simplex)	\$0.00	\$9.20	\$18.40	\$27.60	\$36.80	\$46.00
86695	Herpes Select HSV Type 1 and 2	No Slide	No Slide	No Slide	No Slide	No Slide	\$150.00
86701	HIV Test	No Slide	No Slide	No Slide	No Slide	No Slide	\$30.00
87620	Human Papillomavirus (HPV)	\$0.00	\$10.40	\$20.80	\$31.20	\$41.60	\$52.00
80061	Lipid Panel	\$0.00	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00
86735	Mumps Antibody	No Slide	No Slide	No Slide	No Slide	No Slide	\$39.00
99001	Mumps Antibody IgM Handling Fee	No Slide	No Slide	No Slide	No Slide	No Slide	\$25.00
81025	Pregnancy Test, Urine	\$0.00	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
84703	Pregnancy Test, HCG Qualitative (Serum)	\$0.00	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00
84146	Prolactin	\$0.00	\$10.40	\$20.80	\$31.20	\$41.60	\$52.00
86592	RPR (State)	\$0.00	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00
36415	RT V/P or Finger Stick	\$0.00	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00
86406	Rubella Antibody (Immunity) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$65.00
99001	Rubella IgM Antibody (Infection)	No Slide	No Slide	No Slide	No Slide	No Slide	\$33.00
86765	Rubeola Antibody (IgM) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	\$124.00
99000	Specimen Handling for Transfer	\$0.00	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00
88142	Thin Prep Pap Smear	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
84443	TSH, Highly Sensitive	\$0.00	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00
81003	Urinalysis	\$0.00	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00
87086	Urine Culture	\$0.00	\$9.20	\$18.40	\$27.60	\$36.80	\$46.00
81002	Urine Hemastix	\$0.00	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00
Q0111	Wet Mount / W Preparations	\$0.00	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
85803A	MMR Immunity Panel (employee only)	No Slide	No Slide	No Slide	No Slide	No Slide	

Note: No slide fees that are not covered by third party payment must be paid at time of service

**JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE
2010**

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SUPPLIES		<100%	100-150%	151-185%	186-220%	221-250%	100%
Most of the below listed services are sliding Scale from 100%, 80%, 60%, 40%, 20%, 0%		0%	20%	40%	60%	80%	100%
		Code 1-A	Code 2-B	Code 3-C	Code 4-D	Code 5-E	Code 6-F
Condom	Condom (Male)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Condomfe	Condom (Female)	\$0.00	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00
Vagfilm	Vaginal Film	\$0.00	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00
Bic1.2IM	Bicillin 1.2 m.u. IM	\$0.00	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00
Dif150#1	Fluconazole 150 mg. #1	\$0.00	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
Dxy10014	Doxycycline 100 mg. #14	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
Dxy10026	Doxycycline 100 mg. #28	\$0.00	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
Mac10014	Nitrofurantoin	\$0.00	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00
Met50014	Metronidazole 500 mg. #14	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
Met500#4	Metronidazole 500 mg. #4	\$0.00	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00
Met500#28	Metronidazole 500 mg. #28	\$0.00	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00
Pyr20010	Pyridium 200 mg. #10	\$0.00	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
Roc250IM	Rocephin 250 mg. IM	\$0.00	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00
Tmpsu#20	TMP / Sulfa DS #20	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
Tmpsu6	Sulfa / TMP #6	\$0.00	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
Zitigmpo*	Zithromax 1 gm	\$0.00	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00
Allesse	Allesse	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Levora	Levora	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Micronor	Micronor	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Nordette	Nordette	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Ortho135	Ortho Novum 1 / 35	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Orth777	Ortho Novum 7 / 7 / 7	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Orthocyc	Orthocyclen	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Ortholo	Orthocyclen Lo	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Recl1	Reclipsen	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Tricycle	Tri-Cyclen	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Trilo	Tri-Cyclen Lo	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Deso	Desogen	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Loovral	LoOvral	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Levlite	Levlite	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Triphasi	Triphasil	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
S4993	Oral Contraceptive (Medicaid)	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
Aldara	Aldara	\$0.00	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
Conceptr	Conceptrol	\$0.00	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00
Terazol7	Terazol 7	\$0.00	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00
A4266	Diaphragm	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
J1055	Depo Provera 150 mg./ml.	\$0.00	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00
Clevagcr	Cleocin Vaginal Cream	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
Metrogel	Metrogel (Vaginal)	\$0.00	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00
J7302*	Mirena IUD	\$0.00	\$85.60	\$171.20	\$256.80	\$342.40	\$428.00
7300*	Paraguard IUD	\$0.00	\$51.00	\$102.00	\$153.00	\$204.00	\$255.00
PlanB	Plan B	\$0.00	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
J7304	Ortho Evra Patch (3)	\$0.00	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00
J7303*	NuvaRing (3)	\$0.00	\$12.20	\$24.40	\$36.60	\$48.80	\$61.00
S0180*	Implanon	\$0.00	\$74.00	\$148.00	\$222.00	\$296.00	\$370.00
BBT	Basal Thermometer	\$0.00	\$2.60	\$5.20	\$7.80	\$10.40	\$13.00
CB	Cycle Beads	\$0.00	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00

Note: No slide fees that are not covered by third party payment must be paid at time of service

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**JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE**

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2010

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CPT	IMMUNIZATIONS	FEE
90696*	Kinrix (DTap 5th dose, IPV 4th dose combo) 4 years to <6 years)	\$14.50
90698*	Pentacel (DTaP, IPV, Hib Combo) 6 weeks to <5 years)	\$14.50
90700*	Diphtheria, Tetanus, Pertussis (DTaP Vaccine)	\$14.50
90715*	Tetanus, Diphtheria, Pertussis (Tdap Vaccine) 10 years to <65 years)	\$14.50
90718*	Tetanus, Diphtheria (Td Vaccine) 7 years)	\$14.50
90702*	Diphtheria, Tetanus (DT Vaccine) (<7 years)	\$14.50
90645*	Haemophilus Influenzae B (HIB) (<19 years)	\$14.50
90647	Haemophilus Influenzae B 19 years)	\$30.00
90633*	Hepatitis A Vaccine (<19 years)	\$14.50
90632	Hepatitis A Vaccine (≥19 years)	\$35.00
90636	Twinrix (Hepatitis A and B combo)	\$55.00
90649*	Human Papillomavirus Virus (<19 years)	\$14.50
90649	Human Papillomavirus Virus 19 years)	\$155.00
90744*	Hepatitis B Vaccine (<20 years)	\$14.50
90746	Hepatitis B Vaccine (≥20 years)	\$40.00
90748*	Hepatitis B and Haemophilus Influenzae B (HIB)	\$14.50
90707*	Measles, Mumps, Rubella (MMR) (<19 years)	\$14.50
90707	Measles, Mumps, Rubella (MMR) 19 years)	\$60.00
90710*	Measles, Mumps, Rubella, Varicella (MMRV) 12 months to <13 years)	\$14.50
90723*	Pediarix	\$14.50
90669*	Prevnar	\$14.50
90713*	Injectable Polio (IPV) (<19 years)	\$14.50
90713	Injectable Polio (IPV) 19 years)	\$40.00
90716*	Varivax (Chicken Pox Vaccine) (<19 years)	\$14.50
90716	Varivax (Chicken Pox Vaccine) 19 years)	\$95.00
90281	Immune Serum Globulin - 2 cc (Contact)	\$10.00
90281	Immune Serum Globulin - 2 cc (Single, Travel)	\$30.00
90657*	Influenza (Flu Vaccine) 6 months to <3 years)	\$14.50
90658*	Influenza (Flu Vaccine) 3 years to <19 years)	\$14.50
90658	Influenza (Flu Vaccine) 19 years)	\$20.00
90660*	Live Attenuated Influenza (FluMist) 5 years to <19 years)	\$14.50
90660	Live Attenuated Influenza (FluMist) 19 years to <50 years)	\$25.00
90732	Pneumococcal Vaccine	\$50.00
86580	PPD Skin Test	\$10.00
90680*	Pentavalent Rotavirus 6 weeks to <33 weeks)	\$14.50
90681*	Rotarix (Rotavirus) 6 weeks to <24 weeks)	\$14.50
TBCD	Tuberculin Test Card Only	\$5.00
90690	Typhoid (Oral)	\$55.00
90691	Typhoid (Capsular Injectable)	\$60.00
90734*	Menactra (<19 years)	\$14.50
90734	Menactra (≥19 years)	\$125.00
90733	Menomune	\$125.00
90735	Japanese Encephalitis (live)	\$125.00
90738	Japanese Encephalitis (Ixiaro) (inactive) 17 years)	\$250.00
90717	Yellow Fever (Single)	\$95.00
90675	Rabies IM	\$250.00
90736	Zostavax (Zoster Vaccine Live) 60 years)	\$190.00
Admin	Travel Clinic Office Visit (15 minutes)	\$25.00
Vacc	Travel Clinic Partial Consultation Visit (45 minutes) - Each additional person: \$25.00	\$75.00
ICVT	Travel Clinic Full Consultation Visit (75 minutes) - Each additional person: \$25.00	\$125.00
Vacc2	Travel Clinic Group Consultation (\$25 per person / Minimum 10 people)	\$250.00
Certt	Certificates	\$5.00
Travex	Travex Printout	\$5.00
Immbok	Immunization Record Book Only	\$10.00
	Medicaid Administrative Fee Per Vaccine	\$6.50

Note: Non-State supplied vaccines and services not covered by contract agreements must be paid at time of servi

*State supplied vaccines cost \$14.50 per vaccine

**JEFFERSON COUNTY PUBLIC HEALTH
HEALTH PROMOTION AND LIFESTYLE MANAGEMENT
FEE SCHEDULE
2010**

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Substance Abuse Services	Code 1	Code 2	Code 3	Code 4	Code 5
Group Therapy - 2 hours	\$13.00	\$20.00	\$38.00	\$55.00	\$86.00
Group Therapy - 1 hour	\$6.00	\$10.00	\$19.00	\$28.00	\$43.00
Individual Session - per hour	\$11.00	\$18.00	\$35.00	\$50.00	\$75.00
Family Session - per hour	\$11.00	\$18.00	\$35.00	\$50.00	\$75.00
Evaluation - no report	\$50.00	\$50.00	\$75.00	\$100.00	\$165.00
Evaluation - report fee	\$50.00	\$50.00	\$70.00	\$70.00	\$70.00
Tobacco Cessation Treatment	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
Generating Solutions	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Anti-abuse Monitoring	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
OP Assessment Session for R1 Student (no report)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
OP Assessment Session for R1 Student (with report)	\$50.00	\$50.00	\$75.00	\$100.00	\$165.00
UA with TX	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00
UA without TX	\$25.00	\$25.00	\$25.00	\$25.00	\$30.00
Comprehensive UA	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
Drug Screen - LSD	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
Drug Screen - GSPEC	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Drug Patch	\$32.50	\$32.50	\$32.50	\$32.50	\$32.50
Breathalyzer (scheduled)	\$2.50	\$5.00	\$7.00	\$10.00	\$15.00
Solution Focused / AAA Training (per person per day)	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
Options Program	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
UA Collection Fee (SACP)	No Slide	No Slide	No Slide	No Slide	\$13.00
3 Day Intensive Solution Focused Training	No Slide	No Slide	No Slide	No Slide	\$700.00

**ADMINISTRATIVE SERVICES
FEE SCHEDULE
#REF!**

Effective: #REF!

Vital Records and Administrative Fees		
	Ambulance Licensing and Inspection - per unit	\$85.00
	Ambulance Re-inspection Fee - per unit	\$50.00
BCert	Birth Certificate - first copy	\$17.75
BCert2	Birth Certificate - each additional copy ordered at time of initial request	\$10.00
DCert	Death Certificate - first copy	\$17.00
DCert2	Death Certificate - each additional copy ordered at time of initial request	\$10.00
	Death Certificate - correction fee	\$20.00
MR1	Public and Medical Records (cost per page - pages 1 to 14)	\$1.00
MR2	Public and Medical Records (cost per page - pages 15 to 40)	\$0.50
MR3	Public and Medical Records (cost per page - pages 41+)	\$0.33
	Voice Tape Transcription (cost per page, double spaced pages)	\$5.00

**JEFFERSON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES
2010 FEE SCHEDULE**

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Definition		
Plan Review Fees		
Board of Adjustment Referrals		\$50.00
Rezoning (RZ) Referrals:		
Public Sewer or Public Water		\$160.00
Individual Sewer and/or Individual Well		\$270.00
Major Impact Use		\$600.00
Subdivision Plat (PF, PL, FI), Rural Cluster (RC), Special Use (SU), and Site Development Plan (SD) Referrals:		
Public Sewer and Public Water		\$180.00
Individual Sewer and/or Individual Well		\$300.00
Exemption from Platting (EX), Site Approval (SA), and Minor Amendment (MA) Referrals		\$180.00
Retail Food Establishment:		
Plan Review Application Fees		\$100.00
Plan Review & Pre-opening Inspection (Not to exceed)		\$580.00
Equipment Review Application Fee		\$100.00
Equipment Review Fee (not to exceed)		\$500.00
HACCP Plan (Written) (not to exceed)		\$100.00
HACCP Plan (On-site Eval.) (not to exceed)		\$400.00
Real Estate Review of Property (\$75 or Actual cost)		\$75.00
Other Services for which fees have been established		Established Fee
Temporary Retail Food Establishment		
Event Coordinator (per site)		\$100.00
Vendor (per booth)		\$45.00
Other Regulated Facilities (Includes Child Care Facilities, Swimming Pools, Mobile Home Parks, Camps, Campgrounds, Body Art)		\$75.00
Wholesale/Manufacturer (Less than 3,000 square feet)		\$75.00
Wholesale/Manufacturer (More than 3,000 square feet)		\$175.00
License Fees		
ISDS Contractors License - original		\$50.00
ISDS Contractors License - renewal		\$25.00
ISDS System Cleaners License - original		\$30.00
ISDS System Cleaners License - renewal		\$15.00
Restaurant License - 0 - 100 seats	(3274 750)	\$255.00
Restaurant License - 101 - 200 seats	(3275 750)	\$285.00
Restaurant License - Over 200 seats	(3276 750)	\$310.00
Mobile Unit	(3289 750)	\$255.00
Mobile Unit (Pre-packaged)	(3292 750)	\$115.00
Temporary/Special Event Establishment (per booth)	(3291 750)	\$255.00
Temporary/Special Event Food Service - Prepackaged Food Only (per booth)	(3293 750)	\$115.00
No Fee License (School, Charitable Organization, Penal Institution, Church, Other)	(3272 750)	\$0.00
License Fees Continued on Page 7		

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Definition	FEE
License Fees Continued from, Page 6	
Grocery Store 0 - 3,500 Sq Ft (3277 750)	\$115.00
Grocery Store 3,500 - 15,000 Sq Ft (3278 750)	\$180.00
Grocery Store 15,001 Sq Ft (3279 750)	\$200.00
Grocery Store 25,001 - 45,000 Sq Ft (3280 750)	\$235.00
Grocery Store 45,001 - 65,000 Sq Ft (3281 750)	\$290.00
Grocery Store 65,001 - 85,000 Sq Ft (3282 750)	\$415.00
Grocery Store Over 85,000 Sq Ft (3294 750)	\$500.00
Grocery Store w/Deli 0 - 3,500 Sq Ft (3283 750)	\$207.00
Grocery Store w/Deli 3,501 - 15,000 Sq Ft (3284 750)	\$338.00
Grocery Store w/Deli 15,001 - 25,000 Sq Ft (3285 760)	\$360.00
Grocery Store w/Deli 25,001 - 45,000 Sq Ft (3286 750)	\$395.00
Grocery Store w/Deli 45,001 - 65,000 Sq Ft (3287 750)	\$450.00
Grocery Store w/Deli 65,001 - 85,000 Sq Ft (3288 750)	\$575.00
Grocery Store w/Deli over 85,000 (3295 750)	\$690.00
Oil & Gas Temp. 0 - 50 (Initial License) (3296 750)	\$750.00
Oil & Gas Temp. 0 - 50 (Renewal License) (3297 750)	\$275.00
Oil & Gas Temp. Over 50 (Initial License) (3298 750)	\$1,250.00
Oil & Gas Temp. Over 50 (Renewal License) (3299 750)	\$500.00
Inspection Fees	
Body Art Artist Inspection Fee (per artist at studio)	\$50.00
Body Art Establishment Inspection Fee	\$100.00
Child Care Facilities:	
Child Care Centers, Day Treatment Centers, Group Homes, and Other Facilities that are routinely inspected Semiannually	\$100.00
Camps, Before and After School Centers, and Other Facilities that are routinely inspected Annually	\$50.00
Mobile Home Parks	\$45.00
Non-regulatory Food Service Inspection Fee	\$75.00
Swimming Pools:	
Year-round pools	\$150.00
Seasonal pools	\$75.00
Verification of Water and Sewer Service, Reconstruction or Variance of Illegal	\$75.00
Permit Fees	
ISDS Permit Application - new*	\$880.00
ISDS Permit Application - repair*	\$880.00
ISDS Permit Application - addition*	\$880.00
ISDS Permit Application - renewal (unexpired permits)*	\$250.00
ISDS Permit Application - tank replacement / component*	\$400.00
ISDS Use Permit	\$75.00
ISDS Use Permit Renewal Fee	\$25.00
ISDS Permit - change in conditions	\$50.00
ISDS Permit Application - Terralift	\$250.00
Open Burning Permit	\$70.00

*Plus \$20.00 CDPHE / WPCD Fee, if not previously paid

**JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT
JEFFERSON COUNTY PUBLIC HEALTH
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Definition	FEE
Other Fees	
Board of Health Case Hearing Fee	\$125.00
Certified Pool-Spa Operator Course Fee (per participant)	\$215.00
Certified Pool-Spa Operator Course Fee - Late Registration Fee (per participant)	\$240.00
Certified Pool Operator Course Fee for Environmental Health Specialists (per applicant)	\$85.00
Individual Sewage Disposal System Regulations - Per Copy (paper or CD)	\$10.00
Environmental Health Services (hourly rate)	\$45.00
Environmental Site Audits	\$80.00
Environmental Site Assessment Review Fees (per LDR Amendment):	
Environmental Questionnaire and Disclosure Statement	\$50.00
Phase I Review	\$150.00
Phase II and/or Phase III Reviews (billed by hour)	\$45.00/HR.
Excellence in Food Safety Training:	
On-site Class (per person charge)	\$10.00
Off-site Class (up to 15 participants)	\$75.00
Off-site Class Additional Charge (for each person over 15 participants)	\$10.00
Radon Test Kit	\$10.00
Water Sample Processing and Transportation Fee (per order)	\$10.00