

**Alachua County FY22/23  
Supplemental  
Schedule of Fees and Charges for Services**



**Prepared by Office of Management & Budget**

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## Community Support Services: Public Health Unit (PHU)

\*Some Services Require an Office Visit  
Administration Fee \$25

### Dental

Activities	Fee
Charged in accordance with current Medicaid rate	See Dental Fee Schedule

### Immunizations:

#### Childhood Immunizations

No charge for required immunizations of children through 12<sup>th</sup> grade. All children receiving foreign travel inoculations must be charged according to the fee schedule. Medicaid does not pay for ADULT immunizations or any immunizations for children that are not required.

#### Adult Immunizations

Immunizations	Fee
Tetanus/Diphtheria	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Injectable Polio Vaccine (PIV)	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Oral Polio Vaccine (POV)	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Measles, Mumps & Rubella	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Measles only	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Mumps only	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Cholera	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Hepatitis B Immune Globulin	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Hepatitis B Immunizations	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee

### Immunizations for All Ages

<b>Immunizations</b>	<b>Fee</b>
Children < 11 years old	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Children 11-19 years old	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Immune Globulin	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Japanese Encephalitis	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Influenza	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Meningococcal Vaccine	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Typhoid	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Oral Typhoid Vaccine (on request)	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Yellow Fever	(Cost of Vaccine + Administrative Fee) + 25% of cost of vaccine and 25% of administrative fee
Foreign Travel Consultation	\$40.00 per person
Immunization Booklet Replacement Fee	\$20.00

### Other Services

<b>Services</b>	<b>Fee</b>
Antibody Titer (Measles, Rubella)	Lab Cost + Admin Fee
Antibody Titer (Rabies)	Lab Cost + Admin Fee
Anti-HBS (Hepatitis B Antibody)	Lab Cost + Admin Fee
Asymptomatic COVID-19 Test	Admin Fee + Cost of Test
Body piercing Annual renewal training (4hrs + lab)	\$100/participant
Childbirth/Parenting Class	\$25.00
Cryo/Chemical Treatment of Genital Warts	\$25.00
Diabetic Teaching	Lab Cost + Admin Fee
HBs Ag (Hepatitis Antigen)	Lab Cost + Admin Fee
Foreign Travel COVID 19 Test	\$40.00 Consult Fee + Admin Fee + Cost of Test
Lead Testing	Lab Cost + Admin Fee
Lyme Disease/Ehrlichiosis/RMSF/Q Fever	Lab Cost + Admin Fee
Pregnancy Test HCG & Pelvis	\$5.00 Supply Fee
Pregnancy Test Serum HCG Quantitative	Lab Cost + Admin Fee
RPR (Syphilis Test)	Lab Cost + Admin Fee

Services	Fee
Signing out of state marriage license applications	\$25.00
TB Skin Test	\$20.00
TB Symptom Screening	\$20.00
Varicella Zoster Titer	Lab Cost + Admin Fee

### Primary Care Client Fees by Procedure and Fee Group

**Note:** For laboratory and radiological services, clients will pay based on their income according to Federal Guidelines using current provider fee schedule.

### Client Net Income Levels

Income Level	Fee
100% of federal poverty level	Zero Charge
101%-119% of federal poverty level	17% of Current Charge
120%-139% of federal poverty level	33% of Current Charge
140%-159% of federal poverty level	50% of Current Charge
160%-179% of federal poverty level	67% of Current Charge
180%-199% of federal poverty level	83% of Current Charge
Above 200% of federal poverty level	100% of Current Charge

### Client Fees

Activities	Fees
Office Visit (includes any services not listed below)	Range = \$65.00-\$150.00
School Entrance Exam	\$35.00
Sickle Cell Screen for Sports Physical	\$8.00
Blood Pregnancy Test (Requires an appointment with a Provider)	\$3.00
Depo Provera	Injectable Cost + Nursing Visit
Diaphragm with Fitting	\$83.00
EKG	\$26.00
Cryo/Chemical Treatment of Genital Warts	\$25.00
I.U.D. Insert	\$250.00
I.U.D. Removal	\$75.00
Counseling	\$60.00
Insertion Only	\$68.37
Removal Only	\$60.63
Insertion & removal at the same time	\$93.10
Nexplanon Device	325.00
Norplant Removal	\$66.00
Physical Exam (adult or child) Primary Medical Services	\$110.00-\$115.00
STD Lab Screening (Asymptomatic without known contact)	\$50.00
Venipuncture (Administrative Fee)	\$25.00

**Note:** Fees (as shown above) are at \$100% of current charge.

**Sexually Transmitted Disease:**

**Note:** Fees are based on sliding fee scale (as shown above) except standalone lab screening which are fee for service.

**Rabies Vaccine**

<b>Activities</b>	<b>Fee</b>
Pre-Exposure Rabies	Cost of Vaccine + Admin Fee
Post-Exposure Rabies (2 shots immunized/5 shots unimmunized)	Cost of Vaccine + Admin Fee
First session/Administration Fee	\$45.00
Remaining doses/Administration Fee	\$20.00

**Tuberculosis**

<b>Activities</b>	<b>Fee</b>
PPD	\$20.00
Interferon Gamma Release Assay (TB Test)	\$60.00

**Vital Statistics**

<b>Activities</b>	<b>Fee</b>
Birth Certificates:	
• Initial Copy	\$15.00
• Additional Copy	\$7.00
• Shipping & Handling for Mail-in Request	\$4.00
• Rush Order	\$10.00
• Overnight Processing	\$21.00 + Rush Fee \$10.00
• Protective Plastic Cover	\$3.00
Death Certificates:	
• Death Certificate Copy	\$10.00
• Shipping & Handling for Mail-in Request	\$4.00
• Rush Order	\$10.00
• Overnight Processing	\$21.00 + Rush Fee \$10.00
• Protective Plastic Cover	\$3.00
Notary Services	\$5.00
Medical Records Copying	\$1.00 per page
Nursing CE Provider Packet	\$35.00 Processing Fee

**Environmental Health:**

**On Site Sewage Treatment and Disposal System (OSTDS):**

**OSTDS: Program Fees**

**Site Evaluation Only (no permit)**

<b>Activities</b>	<b>Fee</b>
Application/Plan Review	\$100.00
Application (Local PHU Surcharge)	\$55.00
Site Evaluation	\$115.00
<b>Total</b>	<b>\$270.00</b>

**New System Permit**

<b>Activities</b>	<b>Fee</b>
OSTDS Construction Application and Plan Review, New	\$100.00
OSTDS Construction Site Evaluation	\$115.00
OSTDS Construction Permit (New or Mod, Amendment)	\$55.00
OSTDS Construction System Inspection	\$75.00
OSTDS Construction System Inspection Research Fee	\$5.00
Application (Local PHU Surcharge)	\$55.00
Timed Inspection (Local PHU Surcharge)	\$45.00
<b>Total</b>	<b>\$450.00</b>

**Repair Permit**

<b>Activities</b>	<b>Fee</b>
OSTDS Construction Repair or Mod Site Evaluation	\$115.00
OSTDS Construction System Inspection	\$75.00
OSTDS Construction System Inspection Research Fee	\$5.00
OSTDS Construction Application & Existing System	\$55.00
OSTDS Construction Application & Existing System	\$50.00
<b>Total</b>	<b>\$300.00</b>

**OSTDS Abandonment**

<b>Activities</b>	<b>Fee</b>
Existing Application	\$50.00
Application County Surcharge	\$55.00
<b>Total</b>	<b>\$105.00</b>

**Existing Residential Non-Bedroom Addition**

<b>Activities</b>	<b>Fee</b>
Existing Application	\$35.00
Application County Surcharge	\$55.00
<b>Total</b>	<b>\$90.00</b>

**Water Program Fees**

<b>Activities</b>	<b>Fee</b>
Sample Collection Fee	\$50.00
Bacteriological Analysis per Sample	\$25.00
Well Survey for Site Assessment	\$200.00 for ¼ mile \$800.00 for ½ mile \$1,600.00 for 1 mile

**Development Review Committee Plan Review for Each**

<b>Activities</b>	<b>Fee</b>
Development or Phase	\$50.00

**Group Care Facilities**

<b>Activities</b>	<b>Fee</b>
Private school inspection Annual Operating Permit (AOP) and Public Schools without Food Service	\$100.00

**Other Fees**

<b>Activities</b>	<b>Fee</b>
Late Renewal Fee for All Environmental Health Programs	\$25.00
Re-Inspection for Noncompliance: Tanning Salons and Mobile Home Parks and Swimming Pools	\$40.00



**ALACHUA COUNTY HEALTH DEPARTMENT CLINIC FEES  
10-1-2022 THROUGH 9-30-2023**

\*Some Services Require an Office Visit

Procedure Name	Procedure Code	Charge						
		Fee Group (Based on Federal Poverty Guidelines)						
		0.00%	17%	33%	50%	67%	83%	100%
Administration Fee		25.00	25.00	25.00	25.00	25.00	25.00	25.00
Office Visit Established Patient	99212	0.00	11.05	21.45	32.50	43.55	53.95	65.00
	99213	0.00	12.75	24.75	37.50	50.25	62.25	75.00
	99214	0.00	15.30	29.70	45.00	60.30	74.70	90.00
	99215	0.00	17.85	34.65	52.50	70.35	87.15	105.00
Office Visit New Patient	99202	0.00	11.90	23.10	35.00	46.90	58.10	70.00
	99203	0.00	15.30	29.70	45.00	60.30	74.70	90.00
	99204	0.00	20.40	3.60	60.00	80.40	99.60	120.00
	99205	0.00	25.50	49.50	75.00	100.50	124.50	150.00
Nursing Protocol Visit	99211 (99201)	0.00	10.20	19.80	30.00	40.20	49.80	60.00
Physical Exam Established Patient (Adult or Child)	99391-99397	0.00	18.70	36.30	55.00	73.70	91.30	110.00
Physical Exam New Patient (Adult or Child)	99381-99387	0.00	19.55	37.95	57.50	114.33	95.45	115.00
School Entrance Exam	99212	35.00	35.00	35.00	35.00	35.00	35.00	35.00
STD Lab Screening	99402	0.00	8.50	16.50	25.00	33.50	41.50	50.00
DEPO Provera	J1055	0.00	9.01	17.49	26.50	35.51	43.99	53.00
Diaphragm With Fitting	57170	0.00	14.00	27.39	41.50	55.61	68.89	83.00
I.U.D. Insert	58300	0.00	42.50	82.50	125.00	167.50	207.50	250.00
I.U.D. Removal	58301	0.00	12.75	24.75	37.50	50.25	62.25	75.00
Norplant Removal	11976	0.00	11.22	21.78	33.00	44.22	54.78	66.00
EKG	9300	0.00	4.42	8.58	13.00	17.42	21.58	26.00
Venipuncture (Administrative Fee)	36415	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Sickle Cell Screen	83020	0.00	0.51	0.99	1.50	2.01	2.49	3.00
Blood Pregnancy Test	84703	0.00	1.51	0.99	1.50	2.01	2.49	3.00
Cryo/Chemical Treatment of Warts	17110	0.00	4.25	8.25	12.50	16.75	20.75	25.00
Nexplanon:								
Insertion Only with Grant Funded Device	11981	0.00	11.62	22.56	34.19	45.81	56.75	68.37
Removal Only	11982	0.00	10.31	20.01	30.32	40.62	50.32	60.63
Insertion and Removal at the Same Time	11983	0.00	15.83	30.72	46.55	62.38	77.27	93.10
Nexplanon Device with Insertion	J7307	0.00	66.87	129.81	196.69	263.56	326.50	393.37
Some Services Require an Office Visit								

**ALACHUA COUNTY HEALTH DEPARTMENT DENTAL FEES**

**10-01-2022 THROUGH 09-30-2023**

Procedure Name	Procedure Code	Charge						
		Fee Group (Based on Federal Poverty Guidelines)						
		0.00%	17%	33%	50%	67%	83%	100%
Diagnostic Exam								
Per Encounter (United Health Care)	D0999							120.00
Periodic Oral Exam (Medicaid Comp)	D0120	0.00	5.31	10.30	15.61	20.91	25.90	31.21
Limited Oral Exam	D0140	0.00	2.83	5.49	8.33	11.16	13.82	16.65
Comprehensive Exam (Medicaid Comp)	D0150	0.00	5.66	10.99	16.65	22.30	27.63	33.29
Radiographs								
PA Single Film	D0220	0.00	1.42	2.75	4.17	5.58	6.91	8.33
PA – Each Additional	D0230	0.00	1.06	2.06	3.12	4.18	5.18	6.24
Intraoral Occlusal	D0240	0.00	2.83	5.49	8.33	11.16	13.82	16.65
Bitewing – Single	D0270	0.00	2.12	4.12	6.25	8.37	10.37	12.49
Bitewing – Two	D0272	0.00	3.18	6.18	9.37	12.55	15.55	18.73
Bitewing – Three	D0273	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Bitewing – Four	D0274	25.00	3.89	7.55	11.45	15.34	19.00	22.89
Panoramic	D0330	0.00	10.61	20.60	31.22	41.83	51.82	62.43
Diagnostic Cast	D0470	0.00	7.78	15.11	22.89	30.67	38.00	45.78
Preventative Services								
Prophylaxis – Child	D1120	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Prophylaxis – Adult	D1110	0.00	6.37	12.36	18.73	25.09	31.08	37.45
Fluoride Varnish	D1206	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Oral Hygiene Instruction	D1330	0.00	2.12	4.12	6.25	8.37	10.37	12.49
Sealant – Per Tooth	D1351	0.00	4.60	8.93	13.53	18.12	22.45	27.05
Endodontics								
Pulp Cap - Direct	D3110	0.00	4.60	8.93	13.53	18.12	22.45	27.05
Pulp Cap - Indirect	D3120	0.00	3.89	7.55	11.45	15.34	19.00	22.89
Therapeutic Pulpotomy	D3220	0.00	17.69	34.34	52.03	69.71	86.36	104.05
Anterior Root Canal	D3310	0.00	52.35	101.63	153.98	206.33	255.61	307.96
Apicoectomy	D3410	0.00	26.53	51.50	78.03	104.56	129.53	156.06
Scale – Cav – Per Quad	D4341	0.00	7.08	13.73	20.81	27.89	34.54	41.62
Prosthetics								
Full Denture – Max	D5110	0.00	109.66	212.87	322.53	432.18	535.39	645.05
Full Denture – Mand	D5120	0.00	109.66	212.87	322.53	432.18	535.39	645.05
Upper Partial – Resin Base	D5211	0.00	58.37	113.30	171.67	230.04	284.97	343.34
Lower Partial – Resin Base	D5212	0.00	58.37	113.30	171.67	230.04	284.97	343.34
Upper Partial – Cast Metal	D5213	0.00	111.43	216.30	327.73	439.15	544.02	655.45
Lower Partial – Cast Metal	D5214	0.00	111.43	216.30	327.73	439.15	544.02	655.45
Adjust Full Denture – Max	D5410	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Full Denture – Mand	D5411	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Partial Denture – Max	D5421	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Adjust Partial Denture – Mand	D5422	0.00	4.95	9.61	14.57	19.52	24.18	29.13
Repair Full Denture – Base	D5510	0.00	15.57	30.21	45.78	61.35	75.99	91.56
Replace Teeth – Full Denture	D5520	0.00	13.80	26.78	40.58	54.38	67.36	81.16
Replace Teeth – Partial Denture	D5640	0.00	13.80	26.78	40.58	54.38	67.36	81.16
Add Tooth to Existing Partial	D5650	0.00	14.86	28.84	43.70	58.55	72.53	87.39
Reline Full Max – Chairside	D5730	0.00	22.29	43.26	65.55	87.84	108.81	131.10
Reline Full Mand – Chairside	D5731	0.00	22.29	43.26	65.55	87.84	108.81	131.10
Reline Full Max – Lab	D5750	0.00	39.97	77.59	117.57	157.54	195.16	235.13
Reline Full Man – Lab	D5751	0.00	39.97	77.59	117.57	157.54	195.16	235.13

**\*Any procedure not listed will be billed at 140% of Medicaid FFS Rate**

**VACCINE FEE SCHEDULE**

**ADMINISTRATION FEE INCLUDED IF APPLICABLE**

**EFFECTIVE 10/01/2022**

\*Some services Require an Office Visit

<b>Cholera</b>	<b>990725</b>	<b>\$103.06</b>	<b>Z23</b>
<b>DTAP (Daptacel) Transplant Only</b>	<b>90700</b>	<b>\$61.30</b>	<b>↓↓↓</b>
<b>*Flu (Influenza)</b>	<b>90658</b>	<b>\$25.00</b>	
<b>Flu Zone High Dose (Influenza)</b>	<b>90662</b>	<b>\$43.95</b>	
<b>Foreign Travel Consult Fee \$40 per person/ \$80 family (Parents with Children)</b>	<b>99211</b>	<b>\$40.00</b>	
<b>FT Yellow Book Replacement Fee</b>	<b>IMFTYB</b>	<b>\$20.00</b>	
<b>Gardasil – 9 (HPV9)</b>	<b>90651</b>	<b>\$281.55</b>	
<b>*HEP A (Havrix)</b>	<b>90632</b>	<b>\$73.01</b>	
<b>*HEP B (Engerix)</b>	<b>90746</b>	<b>\$82.06</b>	
<b>HEP B 2 Dose (Heplisav – B)</b>	<b>90739</b>	<b>\$128.38</b>	
<b>HEP A/B (TWINRIX)</b>	<b>90636</b>	<b>\$125.75</b>	
<b>*HIB (adult)</b>	<b>90648</b>	<b>\$38.80</b>	
<b>*Meningitis (menactra – MCV4)</b>	<b>90734</b>	<b>\$173.26</b>	
<b>Meningococcal B Grp (Bexsero)</b>	<b>90620</b>	<b>\$213.94</b>	
<b>*MMR (measles, mumps, rubella)</b>	<b>90707</b>	<b>\$117.30</b>	
<b>Pneumococcal (pneumovax – PPSV23)</b>	<b>90732</b>	<b>\$145.83</b>	
<b>*Polio (IPV – IPOL)</b>	<b>90713</b>	<b>\$66.80</b>	
<b>*Prevnar 13</b>	<b>90670</b>	<b>\$261.81</b>	
<b>Rabies (IMOVAX Pre-Exposure)</b>	<b>90675</b>	<b>\$432.10</b>	
<b>Rabies (IMOVAX Post)</b>		<b>\$432.10</b>	
<b>Rabies (RABAVERT Pre-Exposure)</b>	<b>90675</b>	<b>\$380.00</b>	<b>Z23</b>
<b>Rabies (RABAVERT POST)</b>	<b>90675</b>	<b>\$380.00</b>	<b>Z20.3</b>
<b>**Post – Exposure Immune Globulin (Per ML)</b>	<b>90375</b>	<b>\$398.30</b>	
<b>*TD (tetanus/diphtheria) Adult</b>	<b>90714</b>	<b>\$68.50</b>	
<b>*TDAP (tetanus/diphtheria/pertussis)</b>	<b>90715</b>	<b>\$69.69</b>	
<b>Typhoid (injection – Typhim)</b>	<b>90691</b>	<b>\$156.68</b>	<b>Z23</b>
<b>Typhoid (Oral – Vivotif)</b>	<b>90690</b>	<b>\$85.80</b>	<b>↓↓↓</b>
<b>*Varicella (chickenpox)</b>	<b>90716</b>	<b>\$183.98</b>	
<b>XIARO (Japanese encephalitis-jenceph)</b>	<b>90738</b>	<b>\$343.45</b>	
<b>Yellow Fever</b>	<b>90717</b>	<b>\$200.83</b>	
<b>Shingrix (Shingles)</b>	<b>90750</b>	<b>\$205.06</b>	

\*Free Until 19<sup>th</sup> Birthday

\*\*Add (Administration of Immune Globulin) 96372 \$45.00

DH 681 (Religious Exemption Form) Replacement Fee per Copy Local Code \$10.00

680 Replacement Fee Local Code \$10.00

College Completion Form (Except Santa Fe) Local Code \$25.00

Appointment Required

**EFFECTIVE 10/01/2022**

**TITERS and HSV screening (administrative fee plus cost of test)**

**\*\*\*ALL TITERS WILL TAKE 10-14 WORKING DAYS FOR RESULTS TO COME  
BACK\*\*\***

**\*Some services Require an Office Visit**

<b>Administrative Fee</b>	<b>Local Code</b>	<b>\$25.00</b>	<b>Z01.84</b>
<b>B-12/Allergy Shot (ADM Fee Only)</b>	<b>J3420</b>	<b>\$25.00</b>	
<b>HEP A TITER</b>	<b>86708</b>	<b>\$5.46</b>	↓↓↓
<b>HEP B Surface Antibody (State Lab)</b>	<b>86706</b>	<b>\$5.68</b>	
<b>HEP B Surface Antigen (State Lab)</b>	<b>87340</b>	<b>\$5.16</b>	
<b>HEP C TITER (State Lab)</b>	<b>83898</b>	<b>\$6.99</b>	
<b>Hepatitis Profile</b>	<b>86803</b>	<b>\$23.51</b>	
<b>*Lead Screen (Lab Corp.)</b>	<b>83655</b>	<b>\$10.00</b>	
<b>*Lyme Disease TITER (State Lab)</b>	<b>86618</b>	<b>\$0.00</b>	
<b>Measles (Rubeola)(State Lab)</b>	<b>86765</b>	<b>\$5.00</b>	
<b>MUMPS (State Lab)</b>	<b>86735</b>	<b>\$5.00</b>	
<b>PPD (purified protein derivative test)</b>	<b>04-86580</b>	<b>\$20.00</b>	<b>Z11.1</b>
<b>Rabies TITER (Lab Corp)</b>	<b>86382</b>	<b>\$72.50</b>	
<b>*RPR (State Lab)</b>	<b>86592</b>	<b>\$0.00</b>	
<b>Rubella (German Measles) (State Lab)</b>	<b>86762</b>	<b>\$5.00</b>	
<b>Varicella TITER (State Lab)</b>	<b>87290</b>	<b>\$5.00</b>	
<b>*HSV Screening</b>	<b>86695</b>	<b>\$10.20</b>	<b>A60.9</b>
<b>*Requires Appointment with Provider</b>			
<b>HBIG-1CC</b>	<b>02-90371</b>	<b>\$143.20</b>	
<b>HBIG-5CC</b>	<b>05-90371</b>	<b>\$666.85</b>	
<b>TB Symptoms Screening</b>	<b>99211-TB</b>	<b>\$20.00</b>	<b>Z11.1</b>
<b>IGRA QuantiFERON</b>	<b>86480</b>	<b>\$60.00</b>	<b>Z11.1</b>

**Client Fees for Diabetes Self-Management Education (DSME) and Medical Nutrition Therapy (MNT) Services for Department of Health - Alachua County**

\*Some services Require an Office Visit

<b>HCPCS Code</b>	<b>Short Description</b>	<b>Non-Facility Rate</b>	<b>1.5 Times Allowable</b>
<b>G0108</b>	<b>Diab Manage trn per indiv</b>	<b>\$61.74</b>	<b>\$92.61</b>
<b>G0109</b>	<b>Diab Manage trn per ind/group</b>	<b>\$17.12</b>	<b>\$25.68</b>
<b>G0270</b>	<b>Mnt Subs tx for change dx</b>	<b>\$35.63</b>	<b>\$53.45</b>
<b>G0271</b>	<b>Group mnt 2 or more mins</b>	<b>\$18.61</b>	<b>\$27.92</b>
<b>G0447</b>	<b>Behavior counsel obesity 15m</b>	<b>\$29.09</b>	<b>\$43.64</b>
<b>G0473</b>	<b>Group Behav couns 2-10</b>	<b>\$14.09</b>	<b>\$21.14</b>
<b>97802</b>	<b>Medical Nutrition indivin in</b>	<b>\$41.02</b>	<b>\$61.53</b>
<b>97803</b>	<b>Med nutrition indiv subseq</b>	<b>\$35.63</b>	<b>\$53.45</b>
<b>97804</b>	<b>Medical nutrition group</b>	<b>\$18.61</b>	<b>\$27.92</b>
<b>99490</b>	<b>Chron care mgmt srvc 20 min</b>	<b>\$45.83</b>	<b>\$68.75</b>

The above services involve client education regarding the management of diabetes and other conditions, including but not limited to, chronic kidney disease, HIV, obesity, dyslipidemia, hypertension, congestive heart failure, food allergies/intolerance, gastrointestinal disorders, and weight management. The fees have been selected commensurate with other Department of Health facilities who offer the same services.

## Sheriff

### Fleet:

Activities	Fee
Vehicle Safety Violation Ticket Inspection	\$4.00 each

### Records

Activities	Fee
Copies – one sided	\$0.15/page
Copies – double sided	\$0.20/page
Concealed Weapon Permit Fingerprinting	\$5.00 each

### Civil

Activities	Fee
Non-Enforceable Process	\$40.00
Out of State Non-Enforceable Process	\$40.00
Sheriff's Levy	\$50.00
Processing Fee	\$40.00
Preparations of Newspaper Ad	\$40.00
Conducting Sheriff's Sale	\$40.00
Bill of Sale of Sheriff's Deed	\$40.00
Satisfaction of Judgement	\$40.00
Writs of Replevin/Attachment	\$90.00 each

### Extra Duty (3 Hour Minimum) 30.2905 F.S.

Activities	Fee
Deputy	\$62.50/hour
Sergeant	\$77.50/hour
Lieutenant	\$95.00/hour
Field Service Technician	\$41.75/hour

### Impoundment of Livestock Running At Large: 588.18 F.S.

Activities	Fee
Impound Fee	\$50.00 each
Mileage Fee	IRS Standard Mileage
Feed/Care Fee	\$5.00/day/animal
Disposition Fee	\$5.00 each
Dart Fee	\$15.00 each

## Alarm Permit Annual Fees

### Fire Alarm Permits:

Activities	Fee
City Annual Fee	\$21.00 each
City Reinstatement after Revocation	\$74.00 each
County Annual Fee	\$21.00 each
County Reinstatement after Revocation	\$74.00 each

### Burglar Alarm Permits

Activities	Fee
City Annual Fee	\$25.00 each
City Reinstatement after Revocation	\$77.75 each
County Annual Fee	\$25.00 each
County Reinstatement after Revocation	\$77.75 each

### False Alarms Fines

#### City Fire (Gainesville Fire Rescue)

Activities	Fee
First Alarm	\$0.00 each
Second Alarm	\$173.75 each
Third & Fourth Alarm	\$231.50 each
Fifth, Sixth, & Seventh Alarm	\$463.00 each
Eighth, Ninth, and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$926.00 each
Alarm with Non-Permitted System	\$295.50 each
Unpermitted fine reduced (pending eligibility)	\$241.00 each

#### City Burglar (Gainesville Police Department):

Activities	Fee
First Alarm	\$0.00 each
Second, Third, and Fourth Alarm	\$80.50 each
Fifth and Sixth Alarm	\$155.25 each
Seventh and Eighth Alarm	\$310.25 each
Ninth and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$619.25 each
Alarm with Non-Permitted System	\$310.25 each
Unpermitted fine reduced (pending eligibility)	\$154.50 each

**County Fire (Alachua County Fire Rescue):**

<b>Activities</b>	<b>Fee</b>
First Alarm	\$0.00 each
Second Alarm	\$173.75each
Third and Fourth Alarm	\$231.50 each
Fifth, Sixth, and Seventh Alarm	\$463.00 each
Eighth, Ninth, and Tenth Alarm Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$926.00 each
Alarm with Non-Permitted System	\$295.50 each
Unpermitted fine reduced (pending eligibility)	\$241.00 each

**County Burglar (Alachua County Sheriff's Office):**

<b>Activities</b>	<b>Fee</b>
First Alarm	\$0.00 each
Second, Third and Fourth Alarm	\$80.50 each
Fifth and Sixth Alarm	\$155.25 each
Seventh and Eighth Alarm	\$310.25 each
Ninth and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$619.25 each
Alarm with Non-Permitted System	\$310.25 each
Unpermitted fine reduced (pending eligibility)	\$154.50 each

**Jail**

<b>Activities</b>	<b>Fee</b>
U.S. Marshal Inmate Housing	\$57.23/day
Private Transport Company Inmate Housing	\$57.23/day

**Note:** Sheriff's Office fees as submitted in the Sheriff's Certified Budget. Amounts subject to change.



## Public Works

### Wireless Collection Fees

Activities	Fee
Collocation of a small wireless facility on an Authorized Utility Pole	\$150 per pole per year